

COMMONWEALTH OF KENTUCKY
CABINET FOR HEALTH AND FAMILY SERVICES
FOR MEDICAID SERVICES

"INTELLECTUAL AND DEVELOPMENT DISABILITIES
TECHNICAL ADVISORY MEETING"

HELD AT:

PUBLIC HEALTH BUILDING
275 EAST MAIN STREET
FRANKFORT, KENTUCKY 40621

DATE:

NOVEMBER 6, 2019

A T T E N D E E S:

Rick Christman - KAPP

Sharley Hughes - DMS

Katie Bentley - CCDD

Johnny Callebs - Columbus Organization

LeAnn Magre - WellCare

Amy Staed - KAPP

David Gray - CHFS

Wayne Harvey - KAPP

Sherri Brothers - Arc of Kentucky

David Hanna - Passport

Steve Shannon - KARP

Camille Collins - P&A

Tanya Raymer - DAIL

Tracy Ruth - Kaleidoscope

Chris Stevenson - LeadingAge and Cedar Lake.

Liz Stearman - Anthem

Lisa Elstun - Dungarvin

Julie Josephitis - Dungarvin.

Karan Vertrees-Britt - Mariposa/Prince Care

David Allgood - CCDD

Ci By (spelling) - Adenta

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A T T E N D E E S (Continued)

David Crowley - Anthem

James Kimble - DDID

Eliza Martin - Provider

Judy Theriot - DMS

1 MR. CHRISTMAN: Okay. Welcome everybody.
2 And as per usual, let's go down the --
3 around the whole room and introduce
4 ourselves. I'm Rick Christman and I
5 represent KAPP.
6 MS. BROTHERS: I'm Sherri Brothers and I
7 represent the ARC of Kentucky.
8 MR. CHRISTMAN: And -- yeah, go ahead.
9 MR. KIMBLE: James Kimble. I'm standing in
10 for DDID today.
11 MS. MARTIN: Eliza Martin. I'm a provider.
12 I'm just here to figure out what this is
13 about.
14 MR. CHRISTMAN: Oh, I want to preface this
15 by saying, you know, everyone is welcome to
16 ask questions or comment. It's pretty much
17 open.
18 MS. MARTIN: I've never attended before.
19 MR. CHRISTMAN: Well, we expect to hear
20 from you.
21 MS. MARTIN: Okay.
22 MS. STAED: I'm Amy Staed. I'm the
23 Executive Director of KAPP.
24 MR. CALLEBS: Johnny Callebs with the
25 Columbus Organization.

1 MR. ALLGOOD: David Allgood, I'm the vice
2 chair of the Commonwealth Council for
3 Developmental Disabilities.
4 MR. STEVENSON: Chris Stevenson
5 representing LeadingAge and also CEO of
6 Cedar Lake.
7 MS. HUGHES: Sharley Hughes with DMS.
8 MS. SMITH: Pam Smith with DMS.
9 MS. THERIOT: Judy Theriot, DMS.
10 MR. CHRISTMAN: In the back there?
11 MS. MAGRE: LeAnn Magre with WellCare.
12 MR. HANNA: Dave Hanna with Passport.
13 MR. GRAY: David Gray for the Cabinet of
14 Health and Family Services.
15 MS. RUTH: Tracy Ruth with Kaleidoscope.
16 MS. VERTREES-BRITT: Karan Vertrees-Britt,
17 Mariposa/Prince Care.
18 MR. HARVEY: Wayne Harvey representing
19 KAPP.
20 MS. BENTLEY: Katie Bentley, Commonwealth
21 Council on Developmental Disabilities.
22 MR. CHRISTMAN: Did everybody --
23 MR. STEVENSON: Right behind you.
24 MR. CHRISTMAN: Oh. Oh, I'm sorry. Yes.
25 MS. ELSTUN: Sorry, Rick.

1 MR. CHRISTMAN: Yeah.

2 MS. ELSTUN: Lisa Elstun with Dungarvin.

3 MS. JOSEPHITIS: And Julie Josephitis with

4 Dungarvin.

5 MS. RAYMER: Tonya Raymer with DAIL.

6 MR. CHRISTMAN: Great.

7 MS. HUGHES: And if we could, before -- if

8 anybody speaks -- we do have some, I think

9 some new ones. Just state your name

10 beforehand --

11 MR. CHRISTMAN: Okay.

12 MS. HUGHES: -- for our court reporter.

13 MR. CHRISTMAN: Thank you. Did we get the

14 minutes in?

15 MS. HUGHES: I think so.

16 MR. CHRISTMAN: Yeah. Okay. I can't

17 remember. So we'd like to make a motion to

18 approve those? Do we have -- or...

19 MS. BROTHERS: I don't remember getting

20 them.

21 MR. CHRISTMAN: I don't either.

22 MS. BENTLEY: Yeah, I saw them in the

23 e-mail, but I didn't print them.

24 MR. CHRISTMAN: Oh. Well...

25 MR. STEVENSON: Defer to the next meeting

1 to approve those?

2 MR. CHRISTMAN: We'll go to verbatim. I

3 don't know. I think we can. Someone like

4 to make a motion?

5 MR. STEVENSON: Motion to defer the

6 approval until next meeting. Chris

7 Stevenson.

8 MR. HARVEY: I'll second.

9 MR. CHRISTMAN: All in favor?

10 MR. STEVENSON: Aye.

11 (Members vote in favor.)

12 MR. CHRISTMAN: Oppose, no. Okay.

13 "Reporting of med refusal as an incident

14 even if it has no effect on the

15 individual." I'm trying to remember who

16 suggested that. You did?

17 MS. STAED: I did.

18 MR. CHRISTMAN: Okay. You did, Amy. Thank

19 you.

20 MS. STAED: We've gotten a couple of

21 concerns from our members about the

22 incident reporting process for med

23 refusals. You know, there's obviously been

24 some instruction that it is a participant's

25 right to refuse a med. And, specifically,

1 people were concerned with med refusals as
2 it relates to like salves and balms and not
3 necessarily, you know, their mental health
4 medicine and things like -- or heart
5 medicine, things like that. And if -- you
6 know, if someone refuses their heel cream
7 three times in a row, if that really, you
8 know, rises to the level of a critical
9 incident. So we're just hoping maybe if
10 there could be some clarification or maybe
11 like a revisit on that policy?

12 MS. SMITH: So you specifically are talking
13 about when it happens three times in a row,
14 which would bump it up to --

15 MS. STAED: A critical incident.

16 MS. SMITH: -- to a critical incident.

17 MS. STAED: Yeah. I don't think there's
18 any issue necessarily with the reporting.
19 It's just that when -- with the reporting,
20 that makes it rise to the level of a
21 critical. And, again, specifically for
22 like non-necessary med refusals, like heel
23 creams and salves and balms and things like
24 that.

25 MR. CHRISTMAN: So the issue is just

1 because it's reported, does that mean it's
2 a critical incident?
3 MS. STAED: Yeah. Exactly.
4 MR. CHRISTMAN: Yeah.
5 MS. STAED: It's just --
6 MR. CHRISTMAN: Yeah.
7 MS. STAED: -- you know, sometimes with
8 some people it happens frequently and it --
9 MR. CHRISTMAN: Yeah.
10 MS. STAED: -- then it rises to the level
11 of a critical incident.
12 MR. CHRISTMAN: Yeah. And if somebody were
13 looking on how many critical incidents were
14 filed --
15 MS. STAED: Yeah. And it --
16 MR. CHRISTMAN: -- it would be a reflection
17 on the service provided by the --
18 MS. STAED: Yeah.
19 MR. CHRISTMAN: -- provider and...
20 MS. STAED: And as we know --
21 MR. CHRISTMAN: Yeah.
22 MS. STAED: -- there are some people who
23 just have med refusal problems. There's
24 some, you know --
25 MR. CHRISTMAN: Yeah. Okay.

1 MS. STAED: -- participants who...

2 MR. CHRISTMAN: So you'll take that into --

3 MS. SMITH: I'll take that -- well, I'm

4 going to take that back to the group. I

5 will say that the one -- the one concern

6 that I had -- because the way we delineated

7 it, is that if it is a medication that is

8 listed on the MAR, or the Medication

9 Administrative Record, is that who is

10 determining -- you know, obviously, a cream

11 that's -- you can -- you can say that, you

12 know, if you don't put your heel cream on,

13 that's going to cause any adverse effects.

14 But who is the one that's making that

15 determination on whether that medicine is

16 critical or not --

17 MR. CHRISTMAN: Yeah.

18 MS. STAED: -- is where -- is where it gets

19 a little bit sticky is if --

20 MR. CHRISTMAN: And, also, if it was

21 offered and refused; right?

22 MS. SMITH: So --

23 MS. STAED: Yes. Exactly.

24 MR. CHRISTMAN: Yeah.

25 MS. STAED: And I think people are really

1 concerned with, you know, getting a
2 citation or a plan of correction for, you
3 know, salves being refused repeatedly. I
4 think that's where the real concern comes
5 from.

6 MS. SMITH: I'll take that -- I will take
7 that back to the work group, because
8 actually they're even meeting later on
9 today, so...

10 MS. THERIOT: But I would think if they're
11 refusing it, shouldn't -- repeatedly,
12 shouldn't it go back to the -- whoever
13 prescribed it --

14 MS. SMITH: To the physician.

15 MS. THERIOT: -- to say, hey, does he
16 really need this? And if it -- if they
17 really need it, then they should get it.
18 And if they're refusing it, then it should
19 be an incident.

20 MS. STAED: But it's also been ascribed,
21 you know, within someone's right to refuse.

22 MS. THERIOT: Right, but it can still be an
23 incident, even refusing a med. I mean, if
24 they don't need it, take it off the MARs.
25 You know, have the physician remove it.

1 MR. CHRISTMAN: Yeah. Well, obviously,
2 it's worthy of a discussion with -- who are
3 you going to discuss it with, Pam? The --
4 you said you're going to take it back for
5 discussion.
6 MS. SMITH: Oh, the CQM panel. So this --
7 MR. CHRISTMAN: Oh, okay.
8 MS. SMITH: Yeah, this is the group where
9 they...
10 MR. CHRISTMAN: All right.
11 MS. SMITH: And I know we did a lot of
12 research into other states and what they
13 were doing as well. And I -- you know, and
14 I think it's the medical side of me that, I
15 mean, leaning the same way as you. That's
16 if it's on the MAR, there's a reason it's
17 on the MAR. I realize individuals have the
18 right to refuse, but -- but there also
19 needs to be documentation that if they
20 refuse it repeatedly that, you know, the
21 physician is at least contacted and -- and
22 advised of that.
23 MS. STAED: I mean, could there be some
24 sort of like exception to the three
25 incident, you know, makes it a critical

1 rule for things like that, or some sort of
2 carve out?

3 MS. SMITH: The only -- the hesitation I
4 have with that is then who is deciding the
5 carve out.

6 MS. STAED: Sure.

7 MS. SMITH: So -- because we could not
8 feasibly think of every single medicine
9 that would be appropriate -- you know, that
10 we could say, well, this one's okay, this
11 one's not. And, you know, for someone,
12 a -- you know, like a cream may not seem
13 like it's critical. But you have some type
14 of infection or you have some type of
15 breakdown and it absolutely is critical.
16 So it's that delineation of who's making
17 that decision. And it's really about --
18 and, Sherri, I see you shaking your head.
19 It's about --

20 MS. BROTHERS: Yeah.

21 MS. SMITH: -- the safety of the
22 participants, too. You realize these
23 people are in residential settings or
24 they're in an adult day or a -- you know, a
25 day training treatment place. We're

1 responsible -- providers are responsible
2 for their health, safety and welfare while
3 they are with them. So it's really about
4 protecting the participant. So, yes,
5 there's the balance of, I have a right to
6 refuse my medicine, but there's also, we're
7 talking about individuals that do they
8 understand what they're refusing, some of
9 them. So, you know, it's different when
10 you have somebody that maybe is completely
11 alert and oriented versus when you have
12 somebody that has a significant
13 intellectual disability or that has a
14 significant brain injury and can't remember
15 what you told them ten minutes ago. So
16 it's really about the -- it's about the
17 protection, the health, safety and welfare
18 of the individual.

19 MS. STAED: Well, I understand it's hard to
20 create a broad statement. So thank you for
21 at least agreeing to bring it to the CQM
22 panel.

23 MR. CHRISTMAN: Yeah. Thank you. Did you
24 want to say something, Sherri?

25 MS. BROTHERS: Well, I just agree with her

1 because a lot of the individuals would
2 choose to never take their medicine. I
3 mean, like my son, he takes his medicine.
4 He has autism. But he -- if he got up
5 every day, he would say, I really -- I
6 mean, he would never take that medicine
7 unless you directed him to, it's time to
8 take your medicine today. I mean, if I
9 left that up to him, he just wouldn't do
10 that on his own. That's not something he
11 wants to do. So I feel like that, you
12 know --

13 MS. SMITH: It's just -- it's a --

14 MS. BROTHERS: It's just something that --

15 MS. SMITH: -- it's a balance --

16 MS. BROTHERS: It's a balance.

17 MS. SMITH: It is. It's about making sure
18 that we're -- we're making decisions for
19 the population on the whole.

20 MS. BROTHERS: Right.

21 MS. SMITH: So it's really about what is --
22 you know, you can look at the same thing --
23 somebody that's elderly that has
24 Alzheimer's.

25 MS. BROTHERS: Right.

1 MS. SMITH: You know, I don't know how many
2 times I've had medicine spit on me and
3 thrown at me, but, you know --
4 MS. BROTHERS: Right. Traumatic brain,
5 too, you know, injury. My mom is a -- you
6 know, I mean, she has that and she wouldn't
7 choose always to take the medicines that's
8 best for her. So I feel like that -- and
9 I'm leaving it up to someone else to make
10 those -- to help me make those decisions.
11 And I want to make sure her care is. So I
12 feel like -- I understand what you're
13 saying, too.
14 MS. STAED: Yeah.
15 MS. BROTHERS: You don't want that to be a
16 reflection of you. But I'm like her, I
17 believe the safety -- we have to make sure
18 if a physician is prescribing that, what is
19 the best for that individual.
20 MR. HARVEY: Well, there's also another
21 extreme to this, though. There's --
22 there's the folks that are mentally ill
23 that are in the waiver program --
24 MS. BROTHERS: Uh-huh (affirmative).
25 MR. HARVEY: -- that know what they're

1 doing when they refuse their meds. You
2 know, there's -- and it's a small handful.
3 You know, it's not a huge number of people,
4 but there are people out there. And -- and
5 folks that are providers sitting around
6 this table understand exactly what I'm
7 saying, you know, that they intentionally
8 refuse their meds. And the only thing you
9 can do is, you know, take them to the
10 hospital to try and get their meds
11 administered. I mean, because you can't
12 force -- I mean, you can't force someone to
13 take their meds. So it's a -- it's a real
14 hard thing to balance.

15 MR. CHRISTMAN: Amy, was this in reference
16 to both -- it did include over-the-counter
17 medication?

18 MS. STAED: It would -- it --

19 MR. CHRISTMAN: Yeah.

20 MS. STAED: The concerns were more -- were
21 less geared towards over-the-counter
22 medications and more --

23 MR. CHRISTMAN: More over-the-counter?

24 MS. STAED: And more -- yes, and more --

25 MR. CHRISTMAN: Yeah.

1 MS. STAED: Less geared towards
2 prescription and more geared towards,
3 again, like salves, balms. You know --
4 MR. CHRISTMAN: Yeah. Right.
5 MS. STAED: -- things like that --
6 MR. CHRISTMAN: Right, right.
7 MS. STAED: -- that were on the MAR, but,
8 you know, one that people were having
9 trouble getting removed from the MAR in the
10 first place. And, two --
11 MR. CHRISTMAN: Yeah.
12 MS. THERIOT: I mean, I would think -- I
13 mean, it doesn't matter whether it's over
14 the counter or not over the counter.
15 MR. CHRISTMAN: It shouldn't? Yeah.
16 MS. THERIOT: If the physician has
17 prescribed it, then I think they should get
18 it. And -- and if it's a problem, like,
19 oh, he needs his Aquaphor removed, then the
20 physician needs to remove it. I mean, you
21 know if -- if he doesn't really need it.
22 MS. STAED: Sure.
23 MS. THERIOT: If the patient doesn't really
24 need it. You know, sometimes they just
25 write stuff to cover bases. That stays in

1 this room. (Laughter)

2 MS. SMITH: We're in Vegas. We're being

3 honest.

4 MS. THERIOT: Well, like Aquaphor is one of

5 those things.

6 MR. CHRISTMAN: Next item: "When will the

7 new service definitions be available?"

8 MS. SMITH: The appendices, so a -- will

9 be -- so all of the waivers will be posted

10 for public comment on Friday. And so all

11 of those have been revised in appendices.

12 So those will be out this Friday. There

13 will be a one page -- I don't know. There

14 might be more than one page. There will be

15 a document that's coming out that kind of

16 highlights the changes, as well as there

17 will be a recorded webinar out there that

18 highlights the changes.

19 MR. CHRISTMAN: Yeah.

20 MS. SMITH: So C, I and J will be up for --

21 the whole waiver themselves will be posted

22 for context, because you need to --

23 MR. CHRISTMAN: Yeah.

24 MS. SMITH: -- be able to understand how

25 all that fits together. But the only

1 appendices that are open for public comment
2 that have had changes this round are C, I
3 and J.
4 MR. CHRISTMAN: Are what?
5 MS. SMITH: C, I and J. I and J are the
6 ones that are the financial pieces that is
7 where it's --
8 MR. CHRISTMAN: Oh.
9 MS. SMITH: -- mostly numbers.
10 MR. CHRISTMAN: And this posting, will it
11 be in the form of proposed regulation or
12 would --
13 MS. SMITH: This is for public comment.
14 MR. CHRISTMAN: Oh, just for public
15 comment.
16 MS. SMITH: This is for public comment.
17 MR. CHRISTMAN: So it's not in
18 regulatory --
19 MS. SMITH: No. The reg -- those likely --
20 I think, we're targeting January, is when
21 those will go --
22 MR. CHRISTMAN: Okay.
23 MS. SMITH: -- when those will actually get
24 filed and posted for that -- the public
25 comment with the regulations. But the

1 definitions themselves --
2 MR. CHRISTMAN: Yeah.
3 MS. SMITH: -- and the limits --
4 MR. CHRISTMAN: Yeah.
5 MS. SMITH: -- all of that -- who can be a
6 provider, all of that is in the appendix.
7 MR. CHRISTMAN: Will the public comment
8 you're getting now affect how the regs will
9 be proposed, do you think?
10 MS. SMITH: It could potentially.
11 MR. CHRISTMAN: Yeah.
12 MS. SMITH: So the regs -- the regs right
13 now are in a close to finalized state with
14 the knowledge that depending on what we get
15 from public comment, if there are changes
16 that are made, then it could potentially --
17 we would have to --
18 MR. CHRISTMAN: Yeah.
19 MS. SMITH: -- change it in the reg.
20 MR. CHRISTMAN: Yeah.
21 MS. SMITH: But the regs right now are
22 written based on what is in the appendices.
23 So what you see in the waivers when they
24 are posted, is how the regs -- the regs are
25 written, to match those. But if we have to

1 make -- if we make a change as a result of
2 public comment, we'll make a change in the
3 regulation.

4 MR. CHRISTMAN: Will the regs be shorter in
5 length, do you think, than what they are --

6 MS. SMITH: Well, they are actually. There
7 are two -- there are two regs that are --
8 so we did -- we approached the regs
9 differently this time. What we did is
10 instead of having, you know, a program reg
11 that was hundred and something pages long,
12 there -- there are two -- two regs that are
13 quite significant, which is the definitions
14 regs and the services reg. All of the
15 other ones, I think the most is maybe seven
16 pages, five to seven pages. There are a
17 couple that are only like three pages long.
18 So we did like topic. So all of the
19 eligibility wait list, that's in the same
20 reg, because we're handling things the same
21 across the waivers. Services, you see --
22 and that's why it's so big. There's a
23 little bit of delineation if there's
24 something different with one waiver or
25 another, but all of the services are in

1 that one reg. That allows us to be more
2 nimble as far as updating the regulations.
3 MR. CHRISTMAN: Yeah.
4 MS. SMITH: We don't have to open up
5 15 different regulations to update a
6 definition. We can open one. Same thing
7 with services.
8 MR. CHRISTMAN: And the regs may refer to a
9 manual or something --
10 MS. SMITH: They will.
11 MR. CHRISTMAN: -- or a handbook or --
12 MS. SMITH: Yes, there will be manuals
13 incorporated. We have, I think, almost
14 successfully eliminated all the forms, but
15 potentially you can see forms incorporated.
16 But the manuals absolutely will be
17 incorporated into the regulations.
18 MS. STAED: Are you-all proposing any
19 changes to 907 KAR 1:671, the conditions of
20 provider participation for all Medicaid
21 providers?
22 MS. SMITH: No. That one -- we did not
23 change that one.
24 MS. STAED: Okay.
25 MS. SMITH: So we changed -- so we changed

1 all of the -- what used to be just the
2 program specific and the reimbursement
3 regs.
4 MS. STAED: Sure.
5 MS. SMITH: So like the 12:010 and 12:020,
6 and all the rest of them that I can't
7 remember off the top of my head. We also
8 were able to include them all in one
9 chapter. So all of the regulations, with
10 the exception of provider participation,
11 because those typic -- those really aren't
12 ours --
13 MS. STAED: Yeah.
14 MS. SMITH: -- those are more a part of
15 integrity reg -- will be all in Chapter 2.
16 So everything, when you're looking for a
17 waiver regulation, will all be in the same
18 chapter. It won't be in multiple chapters,
19 because now we have some in 1, some in 7,
20 some in 12, some in 10. I mean, they're
21 all over the place, so...
22 MR. CALLEBS: Pam, have the amended waivers
23 already been submitted to CMS?
24 MS. SMITH: One round has been submitted,
25 but that does not include what's going out

1 for public comment, which is C, I and J.
2 So they have -- they have what has already
3 completed through the public comment phase
4 already. That they have, and they're
5 currently reviewing. That clock started
6 officially last week or the week before.
7 Time is just running together now. Forgive
8 me. There's so much going on. But they do
9 have those and are looking at them.

10 And then they are aware that -- so
11 public comment will start the end of this
12 week. It goes through that first week of
13 December, or whatever the full 30 days is,
14 and then we have told CMS that we will have
15 the updated versions. We'll have public
16 comment response out within the next 14 to
17 30 days after that closes. And then CMS,
18 within a week, will have the new waivers
19 with everything in it, so the complete. But
20 they're right now reviewing all of the
21 appendices except C, I and J.

22 MR. CHRISTMAN: Okay. Thank you.

23 MS. SMITH: Uh-huh.

24 MR. CHRISTMAN: Anybody else have a
25 comment?

1 Okay. "Failure to consider the 5.5
2 percent provider tax that is only paid by
3 SCL providers in the proposed Waiver rates."
4 And I did see -- I guess in -- I guess in
5 response to some initial comments, I did see
6 what Navigant responded, is that there were
7 some prevention of recognition of this by
8 CMS, because it would create winners and
9 losers. And I think maybe Amy has some
10 additional information to clarify that?
11 MS. STAED: So, you know, Navigant, in its
12 response, mentioned the hold harmless rule,
13 which is, you know, outlined by CMS and the
14 federal government. But what they failed
15 to put in their response to that, is they
16 failed to consider the 6 percent safe
17 harbor, which does allow states to assure
18 that the provider tax will be passed down
19 when the provider tax is less than
20 6 percent, which ours is --
21 MR. CHRISTMAN: So it's allowable.
22 MS. STAED: So it's allowable. We're
23 within --
24 MR. CHRISTMAN: Yeah.
25 MS. STAED: -- the safe harbor. So that's

1 just my only comment to that.

2 MR. CHRISTMAN: So, in other words,

3 Navigant's comment was not entirely -- was

4 not accurate?

5 MS. STAED: Well, it's not entirely

6 accurate --

7 MR. CHRISTMAN: Yeah.

8 MS. STAED: -- because they didn't look at

9 the 6 percent safe harbor, which allows

10 them -- and I'm happy to pass along that

11 information to you-all and point out where

12 that is in the federal reg.

13 MR. CHRISTMAN: Yes.

14 MS. SMITH: I'm just sending something to

15 them right now.

16 MR. CHRISTMAN: Yeah.

17 MS. SMITH: And they're actually on -- one

18 is on his way here and one is here.

19 MR. CHRISTMAN: Oh, good.

20 MS. SMITH: Yeah.

21 MR. CHRISTMAN: Obviously, this is a large

22 bone of contention among providers.

23 MS. HUGHES: I think -- when you said on

24 the way here --

25 MS. SMITH: No, not here. No, not yet.

1 MS. HUGHES: So they're not on the way here
2 at this meeting --
3 MR. CHRISTMAN: Somebody here, let's get
4 their comment.
5 (Crosstalk)
6 MS. SMITH: They are on the way here. Yes,
7 they are on the way to the building.
8 MR. CHRISTMAN: Oh.
9 MS. SMITH: What I will say is, we will --
10 you know, I will have them look into that,
11 but -- and I'm reminding everybody about
12 this. When we talk about public comment --
13 or when we have the comments about the
14 rate, that it was a very objective process;
15 it was data driven by data that was given
16 to us by the providers that chose to --
17 that chose to participate in the surveys.
18 We basically begged for providers to
19 participate. So, you know, we -- we asked
20 you-all, we asked other, you know, provider
21 agencies -- and this is across the board,
22 not just with IDD population; this is with
23 brain injury, this is with HCB -- so that
24 we would get, you know, full responses.
25 And then, you know, we've been very open

1 that this is a --

2 MR. CHRISTMAN: Come on in.

3 MS. SMITH: -- completely budget neutral

4 environment. So any -- any changes or any

5 reflections for -- an up in one, is a down

6 in another. And there was a strong

7 inequity when you looked across the

8 waivers. If you looked at what some of

9 them were getting paid for services, there

10 were some very strong differences. So I

11 will look into that. I'll have him provide

12 me a response. But just keep that in

13 your -- keep that in your heads as well

14 that, you know, if we -- so if rates get

15 infused back in for SCL, that means they're

16 coming out of somebody else's pocket.

17 MR. CHRISTMAN: Yeah, I understand that.

18 And I would say that at least me

19 personally, and I think many people, we

20 didn't really have a problem with the

21 process. We just assumed this was an

22 oversight, you know. Yeah.

23 MS. STAED: I would -- I would agree with

24 that statement.

25 MR. CHRISTMAN: Yeah.

1 MR. HARVEY: Well, the other thing to
2 consider there is that the SCL providers
3 are paying 5.5 percent of their revenue.
4 MS. SMITH: Well, and it also --
5 MR. CHRISTMAN: Yeah.
6 MS. SMITH: So they --
7 MR. HARVEY: So --
8 MS. SMITH: -- so one of the comments
9 that -- that came back to me from --
10 MR. HARVEY: And other providers aren't.
11 MS. SMITH: -- the rate team is that there
12 was an opportunity for SCL providers to
13 report that cost --
14 MR. CHRISTMAN: There was?
15 MS. SMITH: -- to the 5 percent -- yeah --
16 MS. STAED: I don't get a lot there.
17 MS. SMITH: -- as it was reflected in the
18 administrative expenses in the rate
19 structure.
20 MS. STAED: I don't think a lot of people
21 realize that though, because the
22 provider -- the SCL providers I've talked
23 to, the majority, the overwhelming majority
24 of them didn't report that. So I don't
25 think that they knew to report it or knew

1 where to report it or how to report it.
2 And again --
3 MS. SMITH: Nobody asked questions?
4 MS. STAED: It's just an oversight. You
5 know, it's just an oversight, I think,
6 but --
7 MR. HARVEY: Who was it during our last
8 board meeting that -- indicated that -- oh,
9 it was Kelly Hawkins' operation. They
10 indicated they called Navigant on the phone
11 line and everything, and could never get an
12 answer on where to put the --
13 MS. STAED: The provider tax, yeah.
14 MR. HARVEY: -- provider tax on -- on
15 the --
16 MS. SMITH: She -- and I wish they would
17 have come to me. I do know that -- I mean,
18 I referred people to them. I called, you
19 know, myself and tested that line when
20 we -- when I heard that complaint, and did
21 not have -- you know, got calls back. I
22 know the e-mails I saw, the e-mails going
23 back and forth. So not saying that it
24 didn't happen, but, you know, please
25 encourage the providers when things like

1 that happen, I can't intervene unless I
2 hear about it. If I don't know about it, I
3 can't do anything.

4 MR. CHRISTMAN: Yeah. And even if they did
5 all report that, it would still be averaged
6 in with all these other, you know, Michelle
7 P., and that still wouldn't have -- because
8 that's just a direct, you know, dollar-for-
9 dollar expense.

10 MS. SMITH: Well, it didn't average -- so
11 they --

12 MR. CHRISTMAN: Yeah.

13 MS. SMITH: -- I mean, every waiver was
14 looked at independently.

15 MR. CHRISTMAN: Yeah. But in the end you
16 came up with one rate.

17 MS. SMITH: In the end, they --

18 MR. CHRISTMAN: Yeah.

19 MS. SMITH: -- they did do -- they did come
20 across with one rate, which, you know, I
21 mean, a lot of -- a lot of the services, if
22 you're doing personal care, it's personal
23 care. If you're doing -- if you're doing
24 respite, it's respite. Now does it take
25 longer for some? Yes, it may, but then you

1 provide it for longer. And so you --
2 MR. CHRISTMAN: Well, I was referring to
3 it's more expensive, I guess, to SCL if you
4 consider the cost of the tax.
5 MS. BROTHERS: I have a comment, because I
6 guess I'm coming in as a parent and I see a
7 lot of individuals. And -- and so a lot of
8 these individuals on the Michelle P. are
9 not able to get on the SCL. So they have
10 the same intense care needs as a person
11 who's on the SCL waiver. And the -- the
12 workers that are providing the services,
13 they do have those intense needs.
14 MS. SMITH: And they're going to get the
15 same rate now --
16 MS. BROTHERS: Right.
17 MS. SMITH: -- as somebody with SCL.
18 MS. BROTHERS: And so I agree with that. I
19 totally agree that they should be paid the
20 same.
21 MR. CHRISTMAN: Yeah.
22 MS. STAED: But it's fundamentally not the
23 same rate --
24 MR. HARVEY: It's not the same, no.
25 MR. CHRISTMAN: Yeah.

1 MS. STAED: -- as the SCL provider gets
2 reimbursed 5.5 percent less because they
3 have to pay a tax off --
4 MR. CHRISTMAN: Right.
5 MS. STAED: -- the top of it.
6 MS. BROTHERS: Right.
7 MS. STAED: So it's fundamentally unequal.
8 MR. CHRISTMAN: I know. And I
9 understand -- I think I appreciate the fact
10 that it's very difficult to change --
11 MS. BROTHERS: I understand the tax part.
12 MR. CHRISTMAN: -- for the reasons you
13 mentioned, Pam. And I don't know.
14 MS. SMITH: It -- it was not -- it's not an
15 easy thing. You know --
16 MR. CHRISTMAN: I know. That's why I'm
17 saying, I -- I --
18 MS. SMITH: It is not a --
19 MR. CHRISTMAN: Yeah, I -- I know exactly
20 what you're saying. I'm saying, yeah, I
21 understand what you're saying. It would --
22 it would -- it really kind of upsets the
23 apple cart.
24 MS. SMITH: You know what, I would love
25 to --

1 MR. CHRISTMAN: And in -- in a major way.
2 MS. SMITH: -- give everybody rate
3 increases --
4 MR. CHRISTMAN: Right.
5 MS. SMITH: -- across the board absolutely.
6 MR. CHRISTMAN: Yeah. Right.
7 MS. SMITH: But so far, nobody's found me
8 the money tree, so...
9 MR. CHRISTMAN: Right.
10 MS. STAED: We're working on that, too.
11 MS. SMITH: You know, and it's not for --
12 MR. CHRISTMAN: Right.
13 MS. SMITH: Every time we -- you know, that
14 we're over and we're with the legislatures,
15 you know, we ask for money. We --
16 MR. CHRISTMAN: Yeah.
17 MS. SMITH: You know, I mean, it -- it --
18 MR. CHRISTMAN: Yeah.
19 MS. SMITH: It is what it is right now.
20 And so I think that with everybody's best
21 interest and with the information that we
22 had, it was a very objective data-driven
23 process, so...
24 MS. HUGHES: And just from what --
25 MR. CHRISTMAN: I -- I agree, but I do

1 think, perhaps, this was an oversight.

2 MR. HARVEY: I think the whole point that

3 KAPP was trying to make, is that if the

4 intent was to level the playing field,

5 the -- the playing field is not level.

6 Because you got one group out of all the

7 waiver providers -- or out of all the

8 waivers, I should say, that's paying a

9 5.5 percent tax that nobody else is having

10 to pay. And I think that's the intent that

11 KAPP wanted to -- to get across to Cabinet

12 personnel.

13 MS. SMITH: What I am -- so I am taking

14 back with -- I have a couple of things that

15 I've asked them. They're looking into the

16 safe harbor. And then I also have them

17 looking into the questions that they

18 received and the data that we received

19 about how much did we see that reflected in

20 what percentage of their responses in the

21 administrative --

22 MR. CHRISTMAN: Yeah.

23 MS. SMITH: -- in the administrative --

24 MR. CHRISTMAN: I think --

25 MS. SMITH: So we're going to go back to

1 the -- and I -- with this in particular --
2 MR. CHRISTMAN: Yeah.
3 MS. SMITH: -- I will stay firmly rooted in
4 the objective data. So you're going to
5 hear me --
6 MR. CHRISTMAN: I got it.
7 MS. SMITH: -- I will go back to that every
8 time. So I think that's -- that's the
9 fair -- fair thing to do. We'll go back
10 and we'll look at that. And then I want to
11 go back and look at the survey responses
12 too as well to see, you know, what we --
13 what we received and what questions we had.
14 MR. CHRISTMAN: I -- I --
15 MS. STAED: And, Pam, just on that line, I
16 do have -- I called the Department of
17 Revenue and I did get the tax numbers about
18 how much was paid out in that provider tax.
19 I'd be happy to share that with you. It
20 was around 18 million, but I don't have the
21 specific number with me. I can e-mail it
22 to you, just --
23 MS. SMITH: Okay.
24 MS. STAED: -- so you have that data for
25 your own information.

1 MS. SMITH: Okay.

2 MR. CHRISTMAN: And I think what you're

3 implying here too, Amy, is that we could

4 keep the rates exactly what they are, but

5 it is possible for that tax to be

6 reimbursed --

7 MS. STAED: Well, it's possible -- yeah,

8 it's possible --

9 MR. CHRISTMAN: -- back -- back to the

10 provider.

11 MS. STAED: It's possible for them to --

12 MR. CHRISTMAN: Yeah.

13 MS. STAED: -- with the safe harbor --

14 MR. CHRISTMAN: Yeah.

15 MS. STAED: -- the federal guidance makes

16 it possible for the state to assure that

17 that money will be directed towards -- back

18 towards a specific subset of people or be

19 used in a specific way to make sure that

20 that's benefited. That's what that safe

21 harbor is for. The federal government

22 doesn't love it, but it's a well-known safe

23 harbor that the overwhelming majority of

24 states use in a ton of different ways, not

25 just with waiver services. A lot of them

1 use it for hospital and physician
2 reimbursement to draw down federal dollars
3 to increase reimbursement. Which,
4 obviously, you know, there's a ton of
5 federal money that's drawn down that result
6 in that tax that we don't want to
7 jeopardize for you-all at all. That's --
8 MS. SMITH: Right.
9 MS. STAED: -- that's not the -- you know,
10 we don't -- that's not the point. I'm not
11 saying we should get rid of the provider
12 tax, because I know how much federal money
13 comes from that and how important it is.
14 MR. CHRISTMAN: Well, I wouldn't say it
15 with the taxes being reimbursed, but --
16 MS. STAED: Yeah.
17 MR. CHRISTMAN: -- you being compensated --
18 MS. STAED: Yeah, yeah, yeah, compensated.
19 MR. CHRISTMAN: -- for the amount of the
20 tax.
21 MS. STAED: Exactly.
22 MR. CHRISTMAN: Yeah. Well, it's a very
23 complicated situation and I -- I certainly
24 appreciate --
25 MS. SMITH: Well, and, you know, I think --

1 MR. CHRISTMAN: -- I sympathize for the --
2 MS. SMITH: Well, and, you know, if we --
3 MR. CHRISTMAN: -- in the situation you're
4 in.
5 MS. SMITH: You know, and -- and, too, just
6 to remember the rate study, you know, we --
7 we are significantly out of compliance with
8 CMS right now by not having a documented
9 rate methodology.
10 MR. CHRISTMAN: Oh, yeah.
11 MS. SMITH: So this --
12 MR. CHRISTMAN: So it happened.
13 MS. SMITH: -- this rate study happening --
14 MR. CHRISTMAN: Yeah.
15 MS. SMITH: -- and being documented and it
16 being so that if someone comes to me, if
17 LRC comes to me or someone comes to me and
18 says, how do you get to those rates? I can
19 say, this is how we get to those rates.
20 MR. CHRISTMAN: Yeah.
21 MS. SMITH: So, I mean, it was an absolute
22 necessary process that we had to do. And
23 so, you know, I think we just -- we'll keep
24 going back to the data and it and -- we
25 will -- we will look at these and I'll have

1 them, you know, because I am by far not a
2 rate expert. I always say I'm a nurse
3 first and they have to make me understand
4 it. So I will go back to the experts and
5 let them -- you know, I have sent that to
6 them and they're working on it now.
7 They're looking at -- they're looking at
8 that now.

9 MR. CHRISTMAN: Do we have a comment here?

10 MS. VERTREES-BRITT: Yes, I just wanted to
11 raise the issue, too, about the Level 1 and
12 Level 2 for ADHD. HCB providers are given
13 higher rate for clients that have higher
14 medical needs. And many of our SCL clients
15 have just as high or higher needs than
16 those other participants. And I just
17 believe that's another inequity in the
18 system, and I think that was discussed in a
19 public comment and I never heard any
20 response to that.

21 COURT REPORTER: Ma'am, what's your name?

22 MS. VERTREES-BRITT: I'm Karan Vertrees
23 with Mariposa.

24 MR. CHRISTMAN: And would you say like why
25 is it more -- for example, don't you have

1 to have a nurse on staff?

2 MS. VERTREES-BRITT: We do, yes.

3 MR. CHRISTMAN: Which is -- yeah, so

4 that's --

5 MS. VERTREES-BRITT: We do. And you can

6 walk into our building and visually see

7 some clients are up and walking around,

8 some clients are in wheelchairs with

9 G-Tubes and can't speak. So there's a very

10 large discrepancy in the population,

11 various levels of functioning and need.

12 MS. STAED: I will say, because I'm on the

13 Rate Study Work Group and this issue was

14 kind of discussed. Kelly Upchurch is part

15 of it and, obviously, is, you know, in that

16 world. And he continually made the same

17 point that, you know, adult ADHDs have to

18 have these staff. No matter what

19 population person you're serving, you know,

20 the staff requirements are outlined in

21 regulation and, you know, they have to have

22 a nurse, regardless what their population

23 is, the majority SCL or not. They still

24 have to have all these things, the facility

25 requirements. And so, you know, he did

1 make that point.

2 MS. SMITH: And I know initially, there --

3 it was unintentionally left out, the -- the

4 higher rate for day training provided by an

5 adult day health, so by those medical

6 needs. And that -- and I don't have it up

7 in front of me, so I don't -- I don't have

8 the rates up in front of me, but I do know

9 that did get added back in. And I just --

10 MS. STAED: Yeah.

11 MS. SMITH: -- I don't know, but that was

12 unintentionally left out the first time

13 when we published -- when we published

14 that. And we discussed it. I think it was

15 after that discussion and the Rate Study

16 Work Group.

17 MS. STAED: Uh-huh.

18 MR. CHRISTMAN: Oh, I know we talked about

19 this some last time, the paychecks for --

20 under State Guardianship. I'm sorry, is

21 there someone from State Guardianship?

22 MS. SMITH: She was unable to come.

23 MR. CHRISTMAN: Oh.

24 MS. SMITH: They were going to come, but

25 I'm going to get a written -- I'll get a --

1 MR. CHRISTMAN: Okay.

2 MS. SMITH: -- written response and send

3 out --

4 MR. CHRISTMAN: Yeah.

5 MS. SMITH: -- and send out to you-all.

6 MR. CHRISTMAN: Because you do know and --

7 and you can see how it discourages people

8 from wanting to work.

9 MS. SMITH: Correct. Yeah. I mean --

10 MR. CHRISTMAN: Yeah, I mean, it's just...

11 MS. SMITH: -- I wouldn't I want to work if

12 I didn't see my -- if I didn't get --

13 MR. CHRISTMAN: And get a -- and get a copy

14 of a check in the mail.

15 MS. SMITH: Exactly. Yeah.

16 MR. CHRISTMAN: Yeah.

17 MS. SMITH: And what I -- you know, I had a

18 brief discussion with the Commissioner.

19 And, you know, her response was that there

20 are many people where they allow -- maybe

21 they don't get their entire check, but

22 there's a -- there is a piece of the

23 check -- you know, there's an agreed-upon

24 amount --

25 MR. CHRISTMAN: Yeah.

1 MS. SMITH: -- that they do get a check.
2 So she was doing some checking on her side
3 as well, so we'll get a formal response --
4 MR. CHRISTMAN: I mean, it's symbolic, if
5 nothing else.
6 MS. SMITH: Well, I mean, it's -- it is and
7 it's not. I mean, you know --
8 MR. CHRISTMAN: Yeah, but -- no, yeah.
9 MS. SMITH: -- they're working. They
10 deserve --
11 MR. CHRISTMAN: That's right. That's
12 right.
13 MS. SMITH: -- to have money to spend --
14 MR. CHRISTMAN: Right.
15 MS. SMITH: -- as they would want to, too,
16 you know.
17 MR. CHRISTMAN: Yeah. Good -- well, yeah.
18 So good. I'm glad you're --
19 MS. SMITH: So we are --
20 MR. CHRISTMAN: -- looking into that.
21 MS. SMITH: -- pursuing it and we are
22 looking into that.
23 MR. CHRISTMAN: "Will electronic CAN checks
24 begin January 1st?"
25 MS. SMITH: Okay. So I talked to the DCBS

1 group. And so they said that -- I think
2 there had been some notification that was
3 sent out. There was some changes in how
4 you had to pay for things, that you
5 submitted it on paper, beginning in
6 November. She's saying that right now that
7 that is going to continue until
8 December 31st of 2019. They are going to
9 send out more information when the full
10 electronic process will be required and
11 will be implemented and there's some
12 training material and things that go out
13 with that. But right now, there has not
14 been -- it's -- it's still you can use the
15 new database electronic solution or you can
16 still send in paper. (Coughs) Sorry. But
17 they will be communicating further when
18 that -- when that change is going to go
19 into effect, where it will all become
20 electronic.

21 MS. STAED: Has there been any conversation
22 about the increased cost associated with
23 that for providers?

24 MS. SMITH: There has not.

25 MS. STAED: It's just -- you know, the --

1 you know, the onboarding costs, they're
2 kind of significant, and this is just
3 making it even more significant. And I
4 know that especially bigger providers spend
5 a ton of money just onboarding someone,
6 just, you know, they need -- the margins
7 are thin, so...
8 MR. CHRISTMAN: Okay.
9 MS. SMITH: I'll see if I can't get
10 somebody here from -- either to provide a
11 written response or if I can't get somebody
12 here from --
13 MS. STAED: I know AOC --
14 MS. SMITH: -- from DCBS.
15 MS. STAED: I know that AOC, like, offers
16 discounted checks to like school systems
17 and stuff, so maybe we could talk to them
18 about that.
19 MS. SMITH: I have no idea. But if you
20 have any information on that and you want
21 to forward it to me or I can research that,
22 but --
23 MS. STAED: Yeah, I can send you some
24 information.
25 MS. SMITH: Okay.

1 MR. CHRISTMAN: This is not on the agenda,
2 but I just got to thinking about it and
3 this is just kind of an informational
4 thing. I know -- I think last time you
5 said the EBD thing was just about to go out
6 for bid.
7 MS. SMITH: Yeah, I can't -- I'm in the --
8 MR. CHRISTMAN: Okay. But --
9 MS. SMITH: I'm in the -- I'm in the cone
10 of silence.
11 MR. CHRISTMAN: But you don't have any
12 idea -- do you have any goal as to when it
13 will be implemented?
14 MS. SMITH: I cannot --
15 MR. CHRISTMAN: Can't say? Okay.
16 MS. SMITH: -- comment about anything yet.
17 MR. CHRISTMAN: Okay.
18 MS. SMITH: Orange is not in my color
19 wheel. I don't want to go to --
20 MR. CHRISTMAN: Got it.
21 MS. SMITH: -- to procurement jail.
22 MR. CHRISTMAN: Okay. All right. That's
23 fine.
24 MS. SMITH: As soon as we --
25 MS. HUGHES: There's really strict

1 procurement laws.

2 MS. SMITH: As soon as we can share, we

3 will share --

4 MS. STAED: To be clear, you can't --

5 you're in the period where you cannot say

6 anything?

7 MS. SMITH: I cannot say anything --

8 MR. CHRISTMAN: So that tells us

9 everything.

10 MS. SMITH: So that should tell you

11 something.

12 MS. STAED: It does tell us something.

13 MR. CALLEBS: Can you at least -- can you

14 at least confirm there -- it will go -- an

15 RFP will be issued?

16 MS. SMITH: I am in the cone of silence.

17 MS. STAED: Yeah, she can't --

18 MS. SMITH: I can't comment.

19 MR. CHRISTMAN: We got it.

20 MS. ELSTUN: That means it's coming soon.

21 MR. CHRISTMAN: Yeah. We got it.

22 MR. STEVENSON: Her silence answers your

23 question.

24 MS. STAED: Yeah. Can you tell us when --

25 can you tell us when your silence began?

1 MS. HUGHES: Even if you try to ask a
2 different question, it's still cone of
3 silence. I mean, your question the same
4 way, it's still the same answer.
5 MS. SMITH: And even if I could answer
6 that, I honestly can't remember, so it
7 would not be a good answer.
8 MR. CHRISTMAN: All right.
9 MS. HUGHES: We tried to get the
10 Commissioner on than at another TAC meeting
11 about another RFP --
12 MS. STAED: Well, we appreciate your
13 silence.
14 MS. SMITH: He's like me, too. Orange is
15 not in our color wheel.
16 MR. CHRISTMAN: Okay. Gotcha you, gotcha
17 you, gotcha you.
18 Okay. Sherri, you were very
19 interested in this No. 8; right?
20 MS. BROTHERS: Right.
21 MR. CHRISTMAN: Yeah. You want to talk
22 about that?
23 MS. BROTHERS: Right. So it was "Plans to
24 promote the growth of assistive
25 technology." And I'm just more interested

1 in seeing how the waivers are going to grow
2 as far as integrating technology to benefit
3 the direct support of the individual. And
4 in that I'm talking about -- as far as like
5 training for family members, guardian,
6 staff, natural supports, more like
7 vocational skills, community involvement,
8 physical skills, even bringing in -- I know
9 we don't have educational right now, but
10 even bringing in the college part of it;
11 whereas -- and we might have to write this
12 into the waiver. Some of this is not in
13 there, but I'm interested in that.
14 Because, you know, we just did a college
15 class and these individuals are interested
16 in learning and they don't have the
17 technology that they need to do that. And
18 should we be limiting these individuals?
19 We shouldn't. And in their homes, I mean,
20 a smart outlet is ten bucks, but it makes
21 their devices smart. Should we not be
22 providing that to them?
23 MS. SMITH: And it can be provided today.
24 MS. BROTHERS: Okay.
25 MS. SMITH: It's one of the things that's

1 allowed. We are expanding assistive
2 technology and it -- I was just looking at
3 the -- I had the service definition of that
4 up because we were looking at it. And
5 it -- right now, there is not a limit on
6 it. And this will be -- you'll see this in
7 Appendix C. This is part of what's coming
8 out.

9 MS. BROTHERS: Okay.

10 MS. SMITH: And it will all be reviewed by
11 the department. And it all has to be stuff
12 that's recommended by either a healthcare
13 provider or a therapist. It can't be
14 somebody that just says, I want an iPad. I
15 mean, there has to be something behind that
16 that makes it for them, unique for them and
17 that's going to make it, you know, easier
18 for them to operate in -- either in the
19 community or in their home or be more
20 independent, and it has to be, you know,
21 individualized for that person.

22 MS. BROTHERS: Right.

23 MS. SMITH: But we are expanding assistive
24 technology.

25 MS. BROTHERS: Okay.

1 MS. SMITH: And I was excited too with SCL,
2 the -- with the residential that uses, you
3 know, the technology residential, we were
4 able to increase that rate. So they're
5 really -- there have been some significant
6 success stories from other states using
7 that type of residential. And so we're
8 hoping that we can use that -- expand that
9 more with our SCL population. And then
10 potentially later down the road, expanding
11 it to other waivers.

12 MS. BROTHERS: Okay. What about the
13 college, are you thinking of any kind of
14 educational?

15 MS. SMITH: Right now we can't because
16 it -- and I'm not saying that in the future
17 we won't research it, but you have to be
18 careful in how it overlaps because of the
19 funding. So anything with schools, there
20 is some duplication that we are not
21 allowed -- so we can have -- you know, we
22 can pay for someone that goes with them,
23 so...

24 MS. BROTHERS: Uh-huh.

25 MS. SMITH: They could have an attendant

1 that goes with them that would either, you
2 know, take notes for them or would help
3 them if they needed to go to the bathroom
4 or, you know, would help them get to the
5 class. We might be able to pay for some
6 assistive technology that's going to help
7 them do that.

8 MS. BROTHERS: Uh-huh.

9 MS. SMITH: But as far as paying the
10 tuition, that is not something that is able
11 to be covered by waiver.

12 MS. BROTHERS: I'm interested in assistive
13 technology --

14 MS. SMITH: Uh-huh.

15 MS. BROTHERS: -- because we don't have
16 that.

17 MS. SMITH: And you have to -- but, again,
18 remember that that definition is that it
19 has to be individualized to the person. So
20 if you just say they need a laptop -- I
21 mean, everybody now that goes to college --

22 MS. BROTHERS: Right.

23 MS. SMITH: -- a laptop makes their life
24 easier, whether they have a disability or
25 not. So there still has to be within --

1 MS. BROTHERS: A need.

2 MS. SMITH: -- there still has to be a

3 need.

4 MS. BROTHERS: Okay.

5 MS. SMITH: And not just -- the need can't

6 be just, I don't have the finances to pay

7 for it.

8 MS. BROTHERS: Okay. What about -- are you

9 going to offer any kind of technology

10 coaching or do any kind of --

11 MS. SMITH: So that -- that should be -- is

12 components of other services. So this is

13 where you're going to see for -- some of

14 the waivers work in conjunction with state

15 plan therapy services. So you might have a

16 speech therapist that's working with you on

17 how to do -- how to use a device. There

18 might be a physical therapist that's

19 working with someone on how you use

20 something, or it might be a component of

21 one of the other services, but there's

22 not -- as far as assistive technology, it's

23 specifically paying for the technology.

24 But there's nothing that prevents another

25 service, even a state plan service, being

1 used in conjunction with that to help with
2 coaching or to help with training of how to
3 use those devices.

4 MS. BROTHERS: Okay. And what about
5 self-advocates being used, like say a group
6 used for testing and recommending
7 equipment, apps to your Medicaid
8 Department, since they would have that
9 firsthand knowledge?

10 MS. SMITH: There's -- I mean, anybody can
11 recommend anything, but, you know, I can't
12 pay -- right now there's not a service
13 where we can pay a group of advocates to
14 test and recommend, if I'm understanding
15 your question right.

16 MR. CHRISTMAN: Sounds like a good grant.

17 MS. BROTHERS: It just seems like that
18 would be something that would benefit
19 Medicaid, if we had that going forward.

20 MR. CHRISTMAN: You have concerns about in
21 the DCBS offices, understanding of the
22 waiver. That's on our agenda.

23 MS. BROTHERS: Yes. Okay. So my
24 concerns -- okay. So the long-term
25 workers, one of my concerns is the

1 availability in rural areas.

2 MS. STAED: I would agree with that.

3 MS. BROTHERS: How many -- one thing is,
4 like how many workers are assigned to the
5 local offices.

6 MS. SMITH: I do not know the answer to
7 that question. That would be the DCBS. I
8 would have to get that information from
9 them.

10 MS. BROTHERS: And then also, if one of
11 them calls in sick, how many backup workers
12 are available? Because there's offices
13 that, one, do not have a trained worker
14 available. And my concern is, we're doing
15 all this training with case workers and
16 case managers and all of this, but then our
17 local community-based offices are not
18 trained in our waivers. So if they're not
19 trained in MCOs and they're not trained in
20 traditional Medicaid and they're not
21 trained in our waivers and they're not
22 trained in guardianship or what is a
23 representative for a waiver, then we've
24 really lost ground. So maybe we should
25 start with a recommendation to have that

1 office trained first.

2 MS. STAED: And I would just say -- also

3 say that our -- the DCBS offices, by and

4 large, I hear that if, you know, a provider

5 has got issues with someone being non-payer

6 status or getting accidentally terminated

7 or -- they will have to sit there all day

8 long --

9 MR. CHRISTMAN: Yeah.

10 MS. STAED: -- just to fix the enrollment

11 issue that was like not necessarily any

12 fault of their own. You know, sometimes

13 things just happen or someone has missed

14 something. But then they have to sit there

15 all day long and walk the DCBS workers

16 through the -- basically the whole system

17 and teach them how to do it and make them

18 understand why this is important, why it

19 needs to be done today --

20 MS. BROTHERS: Right.

21 MS. STAED: -- you know, that kind of

22 stuff.

23 MR. CHRISTMAN: I remember having kind of

24 the same discussion when we were dealing

25 with the Benefind --

1 MR. HARVEY: Yeah.

2 MR. CHRISTMAN: -- Benefind issue. And

3 there were people here from DCBS, and I

4 think they acknowledged it just depends on

5 who the manager is --

6 MS. SMITH: Yes.

7 MR. CHRISTMAN: -- in the office and it's

8 spotty and, you know.

9 MS. STAED: And they said then at that

10 point --

11 MR. CHRISTMAN: Yeah.

12 MS. STAED: -- that they were trying to do

13 some retraining and making sure that each

14 office --

15 MS. SMITH: We are --

16 MS. STAED: -- has somebody that was

17 familiar --

18 MS. SMITH: -- and we're working on that.

19 And we're working in conjunction with them.

20 However, it's a very --

21 MS. STAED: Right.

22 MS. SMITH: -- large turnover.

23 MS. STAED: Uh-huh.

24 MR. CHRISTMAN: Yeah.

25 MS. SMITH: So a lot of times you get staff

1 trained and then you're starting right back
2 over. So we have been working in
3 conjunction with them. Now, there's a lot
4 of -- so there's very targeted training.
5 We don't want to go in and do a full
6 comprehensive training on waivers for them,
7 because it's not -- that's not what they
8 do. We don't want them answering the
9 questions about waivers. We want them to
10 understand how waivers interact with their
11 Medicaid and what -- the pieces that are
12 important. So there is -- we have worked
13 with them to develop some additional
14 training materials that will be going out
15 to their staff as we have been working on
16 just training materials in general that are
17 going out to school systems and -- and
18 other entities about what waiver is. Of
19 course with DCBS, there will be a little
20 more, because it will talk about the level
21 of care, when they're going to get that --
22 that information.

23 But I will say that Pat and Laura,
24 who -- is who -- they were here the last
25 time, is that, you know, any time a provider

1 experiences problems with a specific person
2 or specific office, they take those very
3 seriously and they, you know, get us that
4 information, because they go out and they --
5 or they have somebody go out and talk to --
6 and talk to those individuals and do
7 retraining.

8 MR. CHRISTMAN: I think that was their
9 message, too, back a while ago, is let us
10 know --

11 MS. STAED: Uh-huh.

12 MR. CHRISTMAN: -- right? Yeah.

13 MS. SMITH: Well, I mean --

14 MR. CHRISTMAN: Yeah.

15 MS. SMITH: -- and it's like with me.

16 MR. CHRISTMAN: Yeah.

17 MS. SMITH: If I don't know you're -- if I
18 don't know somebody's having a problem, I
19 can't fix it.

20 MS. ELSTUN: And they actually had helped
21 with an issue that we had several months
22 back, but, yes, e-mailing them directly
23 was --

24 MS. SMITH: Uh-huh.

25 MS. ELSTUN: -- pretty effective.

1 I have a question, just kind of
2 piggyback on this. For when there is an
3 address change for an individual within the
4 waiver, is the residential provider
5 responsible for submitting that to DCBS
6 Medicaid now? Because we're getting a lot
7 of our case managers saying that we need to
8 be reporting the address change. Because
9 typically that was something the case
10 manager took care of.

11 MS. SMITH: We have not changed anything as
12 far as the process of waivers, so we --

13 MS. ELSTUN: Oh.

14 MS. SMITH: -- haven't told them that they
15 haven't given that advice. I'll check to
16 see if there's for some reason --

17 MS. ELSTUN: Okay.

18 MS. SMITH: -- that they've been given that
19 direction from somebody else, but I know
20 within -- within waiver, we haven't told
21 them --

22 MS. ELSTUN: Okay.

23 MS. SMITH: -- we haven't issued any
24 direction.

25 MS. ELSTUN: Okay. Thank you.

1 MR. CHRISTMAN: Okay. The support line?
2 MS. SMITH: And so as of 11/25, the
3 help desk -- no, 11/25. As of 11/25, the
4 help desk phone number will be live. I
5 think the e-mail box is already up, and I
6 think is live and getting -- and receiving
7 e-mails, but we are in the process -- we
8 have all our help desk staff on board and
9 they are going through training right now.
10 They're answering the phones some right now
11 as well, but that will be live for every --
12 it's every waiver, not just Michelle P. and
13 SCL.
14 MR. CHRISTMAN: You must have a bunch of
15 brainiacs that you've hired.
16 MS. SMITH: I'm pretty particular about
17 who -- who I hire, but --
18 MR. CHRISTMAN: Yeah.
19 MS. SMITH: -- I mean this is a -- and
20 we've told them and this is -- and they
21 have resources. There's --
22 MR. CHRISTMAN: Yeah.
23 MS. SMITH: -- escalation points, because
24 waiver is hard. Waiver is complicated.
25 MR. CHRISTMAN: Yeah.

1 MS. SMITH: But if they are not able to
2 answer the question, they have an immediate
3 escalation point that can --
4 MR. CHRISTMAN: Okay.
5 MS. SMITH: -- help answer that question.
6 And they have a lot of resources, too,
7 so...
8 MR. CHRISTMAN: Yeah, that's a hard job.
9 MS. SMITH: It's been a big undertaking and
10 I think that it's going to be -- I think
11 it's really going to help them.
12 MR. CHRISTMAN: Good. Sherri?
13 MS. BROTHERS: Yes, I know. "Adult Medical
14 Line for Long Term Supports." So the wait
15 times for this line is really long. It's
16 like an hour or longer when you call to try
17 to get questions answered. So I was
18 wanting to see how many people are working
19 on that line?
20 MS. SMITH: I do not know. That is not one
21 of the -- within -- that's not within our
22 division, that line, so I'll have to take
23 that back.
24 MR. CHRISTMAN: Is this more related to
25 ICFMR issues, Sherri?

1 MS. BROTHERS: This is for waivers. Like
2 you're calling --

3 MR. CHRISTMAN: Oh, waiver. Okay. A long
4 time.

5 MS. BROTHERS: -- to -- to find out.

6 MR. CHRISTMAN: Okay. DCBS again?

7 MS. BROTHERS: Uh-huh.

8 And my one concern about the rural
9 DCBS offices is, you know, when parents are
10 traveling, like say they go to one office
11 and they have to go to another -- because
12 she was talking about providers, but I was
13 more concerned about parents. If you're
14 traveling to one rural office and they send
15 you to another rural office and then another
16 one, because there's not a long-term support
17 person who's able to answer your questions,
18 that's a concern. And when you go into --
19 like some of the parents went to an office
20 and then they were having them fill out
21 forms and then having them fill out the
22 wrong forms and they had to go back. That's
23 just a consistent problem, I guess, is my
24 concern, about some of these consistent
25 problems happening over and over. And I

1 guess that's why I'm wanting that -- you
2 know, some kind of training in those local
3 offices, because I -- is this -- is what
4 you're saying, like, what you're going to
5 give them going to be able to help that?
6 MS. SMITH: That's beyond even what we're
7 giving them. So, I mean, that -- that's
8 really more of eligibility training. So I
9 will talk to -- I will talk with the DCBS
10 staff. So I'll talk with Pat and Laura and
11 relay that information, so -- and the
12 concerns.
13 MR. CHRISTMAN: You were worried about
14 hours of operation, too, at some point;
15 weren't you, Sherri? The hours of
16 operation?
17 MS. BROTHERS: I was more worried about
18 just having people in the local offices --
19 MR. CHRISTMAN: When they're supposed to
20 be --
21 MS. BROTHERS: -- to be able to help
22 parents.
23 MR. CHRISTMAN: Yeah.
24 "Adult Protective Services Training."
25 MS. BROTHERS: Yes. My question on that

1 one was as far as, like, do we have a
2 central intake unit?
3 MS. SMITH: Yeah, I mean -- there's for
4 APS?
5 MS. BROTHERS: Just for -- I guess what I'm
6 wanting to know is, like, as far as like is
7 there a place that houses everything as far
8 as -- all the incidents as far as neglect,
9 abuse in the workplace, in the home, like
10 who is homeless, every incident that's
11 happened?
12 MS. SMITH: If it is reported, yes.
13 MS. BROTHERS: Where is that at?
14 MS. SMITH: It's part of what DCBS
15 maintains with Adult Protective Services.
16 And if that comes in to us, it gets
17 referred. So if it -- if it comes in
18 through waiver, we insure that it has also
19 been reported to DCBS.
20 MS. BROTHERS: Okay. Is that where -- is
21 that accessible to us? Where would we find
22 that?
23 MS. SMITH: There's too much protected
24 information in there, so that wouldn't be
25 accessible to the general public.

1 MS. BROTHERS: Okay. Is there -- okay. I
2 just want to know this then: How much
3 training is going into that? Like as far
4 as training on, like, sexual abuse?
5 MS. SMITH: Yeah, it's DCBS.
6 MS. HUGHES: That's not a Medicaid.
7 MS. BROTHERS: Okay. Well, it affects the
8 individuals, I guess is what I'm saying,
9 the individuals with disabilities.
10 MS. HUGHES: Have to go to them, though,
11 because that's not a -- I mean, this TAC is
12 more for Medicaid --
13 MS. BROTHERS: Uh-huh (affirmative).
14 MS. HUGHES: -- part of Medicaid services
15 stuff and that's not part of DMS.
16 MS. BROTHERS: Okay.
17 MS. HUGHES: Adult Protective Services
18 isn't a part of DMS.
19 MS. BROTHERS: Okay.
20 MS. SMITH: We work with them, in
21 conjunction with them, but DCBS manages
22 that process and they manage the staff.
23 MR. SHANNON: Could a staff member attend
24 the meeting?
25 MR. CHRISTMAN: Yeah, that's what I was

1 going to ask.

2 MS. HUGHES: Again, that's not a DMS
3 program. So you-all can contact DCBS
4 directly, you know, to obtain your
5 information, but that's not something that
6 DMS --

7 MS. SMITH: I mean, if you want to forward
8 me your questions, I'm more than happy to
9 pass them -- to pass them along, but I
10 can't really answer, other than I can tell
11 you that we are doing some -- we had our
12 first one last week. We are going to some
13 of their meetings and doing some waiver
14 training just on the basics of what -- what
15 is waiver? How do you know somebody's in
16 waiver? What the -- who might be
17 appropriate for waiver. So if they get an
18 incident and somebody that they -- that
19 looks like they may benefit from services,
20 how they would refer them.

21 MS. BROTHERS: I guess my concern is, I --
22 I was asked to forward all these questions
23 ahead of time. And then I guess, you know,
24 somebody needs to be here, I would have
25 thought they would have been brought in.

1 MS. SMITH: Well, so when I say Adult
2 Protective Services Training --
3 MS. BROTHERS: Uh-huh.
4 MS. SMITH: -- we're training Adult
5 Protective Services. That's not what
6 you're ask -- you're asking -- your intent
7 behind that is completely different than
8 that than training. To me, I don't -- I
9 still am not quite clear on all your
10 questions other than I know you asked if
11 it's open to the general public, which
12 there is a -- a electronic submission
13 that's available through the day. I think
14 it's 8:00 to 4:00. But there's a 24-hour
15 hotline that is manned, you know, 24 hours
16 a day, seven days a week, 365 days a year
17 for reporting incidents to Adult
18 Protective -- Adult Protective and Child
19 Protective Services.
20 MR. CHRISTMAN: Well, I understand what
21 Sharley's saying, but, I mean, I have no
22 problem if we would invite someone here
23 from DCBS at some point --
24 MS. HUGHES: What I'm saying is that --
25 MR. CHRISTMAN: -- to talk about their

1 process. Yeah.

2 MS. HUGHES: -- like the TAC is here to --

3 MR. CHRISTMAN: I know.

4 MS. HUGHES: -- advise the Department for

5 Medicaid Services on our program.

6 MR. CHRISTMAN: Yeah.

7 MS. HUGHES: And that doesn't fall under

8 Department for Medicaid Services. That's

9 over here in -- and it's -- it doesn't -- I

10 mean, it may -- granted, there may be some

11 Medicaid folks that are reported to Adult

12 Protective Services, but it's not a

13 Medicaid program. So if there -- if -- I

14 mean, if Shirley has -- Sherri has

15 questions -- sorry -- that she wants to get

16 from -- she can contact DCBS and be able to

17 get those answers rather than coming

18 through the TAC.

19 MS. STAED: There's an online manual. Have

20 you looked in it? That has the training?

21 MS. BROTHERS: I guess I just -- you know,

22 as far as I'm concerned, the individuals, I

23 guess -- I'll regroup for next time.

24 MR. CHRISTMAN: Let me ask you something

25 that's related to that. I know Katie has

1 asked that maybe at some future meeting we
2 have someone from IHDI make a presentation
3 on Supported Employment and Kentucky Works.
4 Would that fall under the same category
5 as --
6 MS. SMITH: No, because it would -- it's
7 related to the Supported -- because with
8 Supported Employment being part of the
9 waiver and it working in conjunction with
10 that as other paid employment, or as part
11 of Supported Employment itself, so it...
12 MS. BENTLEY: So that technically wasn't
13 me. It came from the July meeting --
14 MR. CHRISTMAN: Yeah.
15 MS. BENTLEY: -- when we were talking about
16 Kentucky Works and just learning about --
17 MR. CHRISTMAN: Yeah.
18 MS. BENTLEY: -- what was going on with
19 employment, so that's where it came from.
20 MR. CHRISTMAN: Is Kentucky Works then
21 germane?
22 MS. HUGHES: Because it's part of the
23 Supported Employment.
24 MS. SMITH: Yeah, because it --
25 MR. CHRISTMAN: Okay.

1 MS. SMITH: -- its function is Supportive
2 -- right, because it would -- because
3 everything we do with Supportive Employment
4 is in conjunction with any other paid
5 employment and how that -- that works --
6 MR. CHRISTMAN: Okay.
7 MS. SMITH: -- together. And I -- if you
8 will forward me your questions for Adult
9 Protective Services, I will forward them on
10 your behalf.
11 MS. BROTHERS: I guess my concern is with
12 waivers. Safety is in the waivers. I
13 mean, that can be part of their goals is
14 safety, because someone can take advantage
15 of them as far as financially, as far as
16 abuse. I mean it happens.
17 MS. SMITH: Unfortunately, we see it on
18 critical incident reports --
19 MS. BROTHERS: Right.
20 MS. SMITH: -- every day and there's -- so
21 what is your -- I guess, Sherri, what's the
22 specific question that you have, other than
23 can you see the data?
24 MS. BROTHERS: Well, I mean, I just -- I
25 just want to make sure that the individuals

1 are being protected. We have a system in
2 place that is protecting these individuals
3 of these incidents, that it's all -- you
4 know, if there's sexual abuse happening in
5 these -- all of these different situations
6 within these waivers. I guess that's what
7 I'm asking.

8 MS. SMITH: So within waiver, we do
9 that with -- we expect to get critical
10 incident reports, whether -- and that --
11 and then there has been training that's out
12 there on the web. There is a guide for how
13 to even complete the incident report. We
14 find -- if we find out that a provider did
15 not report an incident to us that is abuse,
16 neglect, exploitation --

17 MS. BROTHERS: Uh-huh.

18 MS. SMITH: -- there's a potential that the
19 provider will get a corrective action plan,
20 will get citations. Technical assistance
21 will be offered first to try to figure out
22 what happened, why that didn't get
23 reported. But we take it very seriously.
24 And as I said, there is a -- a connection
25 between us and DCBS that if we receive a

1 report and it does not have on there where
2 it has been reported, because we have to
3 have the reference number, then we report
4 it ourselves. We're mandatory reporters.
5 I've reported incidents within the last
6 month, actually, when we received an
7 incident report from a provider. So it is
8 a very -- it is a very -- we take incident
9 reports, especially the health, safety, and
10 welfare very seriously. There is a very --
11 there is a significant process for how we
12 do those. And we have done provider
13 training, retraining recently on incident
14 reports. And it is saved out on the -- it
15 is on the website. The webinar is out
16 there.

17 MS. HUGHES: And you also said earlier that
18 if we get it, you also copy it to APS --

19 MS. SMITH: Actually, yeah, it will
20 trigger -- it goes -- it goes to them. And
21 they also in the same respect, when they
22 get a incident report that we've developed
23 a process, and if they get an incident
24 report or notification and it involves a
25 waiver individual, they notify us. So

1 it -- we talk back and forth, so...

2 MR. CHRISTMAN: SCL waiting list, we have

3 this convenient...

4 MS. SMITH: So Michelle P., I will say we

5 just -- it's been maybe three weeks ago,

6 just allocated probably what will be our

7 last round for right now, unless we get

8 more slots, which we are requesting more

9 slots.

10 MR. CHRISTMAN: And that's, what, 10,500?

11 MS. SMITH: 10,500.

12 MR. CHRISTMAN: Yeah.

13 MS. SMITH: We are very close to that

14 10,500 mark. Now we've been -- about every

15 90 days have been allocating 250 or more.

16 I think one time we did 325. So each -- we

17 have been doing that now for a few cycles.

18 And so we have gotten the numbers up close

19 to the actual KAPP. Still a big number.

20 We're still at 6,770. And it's still

21 70 percent of them are under the age of 21.

22 MR. CHRISTMAN: But the waiting list

23 doesn't seem to have grown?

24 MS. SMITH: It is -- it's staying pretty --

25 MR. CHRISTMAN: Yeah.

1 MS. SMITH: -- static at this point. And
2 part of that, too, is because with the
3 new -- now that all of them have to come
4 through applications in MWMA, it's no
5 longer, I just fill out a piece of paper, I
6 get added to the wait list. It is you
7 truly are vetted out to make sure that you
8 would meet the criteria before you're added
9 to the wait list, so it's a combination of
10 both.

11 MR. CHRISTMAN: How many still -- are you
12 still going through the waiting list to see
13 if they're --

14 MR. STEVENSON: Yeah, yeah, to see if --

15 MR. CHRISTMAN: -- appropriate to be on the
16 waiting list? Are you still going through
17 that process?

18 MS. SMITH: Right now, because the
19 regulation does not allow us to do that --

20 MR. CHRISTMAN: Oh.

21 MS. SMITH: -- we have to -- it's just as
22 they are allocated. That's why it takes 90
23 days --

24 MR. CHRISTMAN: Oh, because you're full,
25 you're not going to do --

1 MS. SMITH: Right. Because they're --
2 MR. CHRISTMAN: -- that anymore. Yeah.
3 MS. SMITH: -- because it's -- well, not
4 because we're full. The regulation, as it
5 is written today, does not have a process
6 that would allow us legally to do that.
7 Because it says --
8 MR. CHRISTMAN: Okay.
9 MS. SMITH: -- in regulation all they had
10 to do was complete a MAP 621 and they would
11 be added to the wait list.
12 MR. STEVENSON: So once you're reviewing
13 folks, what's the -- are three out of ten
14 truly eligible? I mean, if you -- if you
15 had to make a guess.
16 MR. CHRISTMAN: I thought it was like one
17 out of ten, I had the impression one time.
18 MS. SMITH: Well, there's two --
19 MR. STEVENSON: How many?
20 MS. SMITH: -- so there's two --
21 MR. CHRISTMAN: One.
22 MS. SMITH: -- things. So there's the ones
23 that are -- so of the groups that are
24 allocated, we have probably a 30 to
25 40 percent that either we can't find them

1 or they say, I don't want the waiver, I
2 didn't know I was signed up for that, or
3 they just choose not to get an assessment.
4 So we're enrolling about 60 percent of the
5 people that we allocate. As far as what
6 we're seeing come through now, the
7 applications and capacity reviews, majority
8 of the time they meet -- they're meeting
9 the target criteria to go on the wait list.
10 But it's very different. Instead of
11 getting 60 to 100 a day, we maybe get two
12 or three a day, or we get -- you know, it's
13 not the volume -- I think with the
14 education we've done, you see -- you've
15 seen a difference in behavior.

16 MR. CHRISTMAN: I think when Gretchen was
17 here, I can't remember, but it seems like
18 he --

19 MR. STEVENSON: Right.

20 MR. CHRISTMAN: -- indicated like it was
21 one in ten.

22 MR. STEVENSON: Yeah, exactly.

23 MR. CHRISTMAN: Something like that, but I
24 guess that's not accurate.

25 MR. STEVENSON: Well, it sounds like

1 we've --

2 MR. CHRISTMAN: Yeah.

3 MR. STEVENSON: -- come a long way to --

4 MR. CHRISTMAN: Yeah.

5 MR. STEVENSON: -- prereview, which is

6 helpful.

7 MS. SMITH: We also have gotten down to --

8 we've made it through all of 2014 and part

9 of 2015 as far as when they were placed on

10 the wait list. So we're running into now

11 when we implemented MWMA and we got rid of

12 the MAP 621. So you're starting to see

13 more appropriate -- it's more appropriate

14 people. So we've gotten through most of

15 the ones that were added just to be -- just

16 because they -- somebody went out and said

17 sign this form, to be honest. There

18 were --

19 MR. CHRISTMAN: Yeah. And related to that,

20 the waiting list and the growth of it, are

21 you still working on the pediatric

22 assessments?

23 MS. SMITH: There is a work stream that is

24 working on assessment tools. It will not

25 be in this -- in this phase of the waiver.

1 It will be in the next phase. But we are
2 looking -- there is a work stream, though,
3 specifically focused on assessment tools
4 and looking at validated assessment tools.
5 MR. CHRISTMAN: I thought last time -- what
6 I remember last time I think we talked, you
7 felt you had the tool, but you didn't know
8 if you had the personnel to --
9 MS. SMITH: No. We have -- so we --
10 MR. CHRISTMAN: Yeah.
11 MS. SMITH: -- received some
12 recommendations.
13 MR. CHRISTMAN: Uh-huh.
14 MS. SMITH: But there's, you know,
15 validated tools are not cheap.
16 MR. CHRISTMAN: Yeah.
17 MS. SMITH: Or to take one of our tools to
18 validate is even more expensive.
19 MR. CHRISTMAN: Sure.
20 MS. SMITH: So we stepped back and did an
21 evaluation on -- because our first step
22 initially was going to be to change MWMA to
23 capture the data differently. Because
24 right now we can't really report on it
25 unless you have somebody literally that

1 looks at a PDF and does tic marks or
2 does -- you know, does an actual reading it
3 through the evaluation.

4 We're looking at now the best solution
5 is, do we do that step or do we go straight
6 to purchasing a validated tool? So that's
7 where we are right now, is we're looking at
8 validated tools. We're getting
9 recommendations. We've received a
10 recommendation from states. It used to be
11 Nashwood (phonetic), and we're looking --
12 we're looking at those right now.

13 MR. CHRISTMAN: And no plans for any
14 look-behind after you get a tool to see if
15 the people who are receiving the
16 services --

17 MS. SMITH: They at their recert --

18 MR. CHRISTMAN: -- or actually should be --

19 MS. SMITH: -- at their recert, then they'd
20 be evaluated.

21 MR. CHRISTMAN: So I guess I call it a
22 look-behind, but I guess that's
23 essentially -- so that everyone is going to
24 once a year --

25 MS. SMITH: Everyone eventually will get --

1 would be reviewed by the new tool --
2 MR. CHRISTMAN: Yeah, okay.
3 MS. SMITH: -- in their recert. So the
4 existing people as their recert comes up,
5 then they would get evaluated by a new
6 tool, if we have a new tool.
7 MR. CHRISTMAN: Oh, okay. When do you hope
8 to have this done? In, like, a year or...
9 MS. SMITH: It will depend on -- on if I
10 can -- on money and --
11 MR. CHRISTMAN: Yeah.
12 MS. SMITH: -- you know, we -- we are
13 looking at it. It's been brought to the
14 governance team, which is, you know,
15 comprised of the Secretary's office, and
16 we're -- it's with them right now as far as
17 a decision. So I don't really know a time
18 frame yet.
19 MR. CHRISTMAN: I think it's important. I
20 know you do, too.
21 MS. SMITH: Uh-huh.
22 MR. CHRISTMAN: Any other business? Yes,
23 Johnny.
24 MR. CALLEBS: I just have one question.
25 With CareWise leaving the scene for 1915(c)

1 waivers, will the level of care
2 determinations be done differently?

3 MS. SMITH: They are going to be done by --
4 well, there's two phases to that. They
5 ultimately are changing. Initially it's
6 going to be done by Cabinet staff.

7 MR. CALLEBS: Okay.

8 MS. SMITH: But then we're phasing in -- we
9 have talked about, you know, especially for
10 brain injury population, IDD population,
11 when you're diagnosed with a disability,
12 your disability doesn't necessarily go
13 away, so you qualify for the waiver. What
14 does change is your functional needs and
15 what kind of services that you will
16 receive. So we'll move in a subsequent --
17 and this is probably mid next year to fall
18 of next year, we'll move to that level of
19 care being determined initially upfront
20 when somebody is issued capacity for a
21 waiver. The functional assessments will
22 still be done every year or more
23 frequently, if needed, if service needs
24 changed. Because it's really the
25 functional needs that change, not the

1 disability. So you qualify for the waiver,
2 it's just which services and how much do
3 you need. So that will continue, but
4 the -- there won't be those level of care
5 reviews.
6 MR. CALLEBS: That will go away as far as
7 being an annual necessity?
8 MS. SMITH: Correct. It will still -- you
9 will still have an annual functional
10 assessment, but the level of care will go
11 away.
12 MR. CALLEBS: Okay. I mean, well, like for
13 example, right now for SCL, that the SIS?
14 MS. SMITH: And the SIS right now it will
15 be -- is being proposed to stay in place
16 for SCL, because that really speaks to the
17 functional needs of the individual.
18 MR. CALLEBS: Right. But it's done or
19 recommended every three years?
20 MS. SMITH: There is a new process where
21 there is a SIS-A --
22 MR. CALLEBS: Right.
23 MS. SMITH: -- that is done every year now.
24 MR. CALLEBS: Right.
25 MS. SMITH: So there is actually an

1 abbreviated assessment that is done for the
2 two years that the full SIS is not done.
3 And I think -- I believe they have already
4 started that.

5 MR. WILLIAMS: Yes. Case managers are kind
6 of leading that charge to see if -- I guess
7 to take a look and see if support needs
8 have changed significantly or
9 substantially.

10 MS. SMITH: Well, and CMS requires that we
11 evaluate everybody at least annually. So
12 it's a requirement within -- and it's one
13 of our quality performance measures in all
14 of the waivers, that we actually have a
15 functional assessment, or that their needs
16 are evaluated annually.

17 MR. CALLEBS: So the brief -- the SIS-A is
18 going to --

19 MS. SMITH: Uh-huh.

20 MR. CALLEBS: -- take care of that in the
21 off years --

22 MS. SMITH: Yeah.

23 MR. CALLEBS: -- until the full one is done
24 on the third year?

25 MS. SMITH: On the third year.

1 MR. CALLEBS: Okay.

2 MR. CHRISTMAN: Has there been many cases

3 where people have lost eligibility based on

4 the SIS evaluation?

5 MS. SMITH: Huh-uh (negative).

6 MR. CHRISTMAN: Not any?

7 MS. SMITH: I have not --

8 MR. CHRISTMAN: Okay.

9 MS. SMITH: -- you know, that's -- the

10 services might be a little bit different

11 based on --

12 MR. CHRISTMAN: Yeah.

13 MS. SMITH: -- but, no, not that they've

14 lost --

15 MR. CHRISTMAN: Eligibility.

16 MS. SMITH: -- that they've lost their --

17 MR. CHRISTMAN: Yeah.

18 MS. SMITH: -- level of care.

19 MR. CHRISTMAN: Okay.

20 MR. CALLEBS: So Cabinet staff will be

21 doing LOCs?

22 MS. SMITH: They will be approving LOCs or

23 reviewing LOCs initially. And actually

24 after the second phase, because we're

25 also -- the staff, they're doing capacity

1 review. So it's staff that are familiar
2 with the populations that they are
3 reviewing for capacity. They have the
4 experience in those populations --

5 MR. CALLEBS: Okay.

6 MS. SMITH: -- and be the ones that will be
7 doing those. But we just decided -- it
8 makes more sense that -- I mean, when you
9 meet level of care to receive services,
10 your brain injury, your intellectual
11 disability, it's not -- it's not going to
12 go away. You always are going to qualify
13 for waiver services. It's just which
14 services do you qualify for and how much of
15 those services do you qualify for.

16 So could you have somebody that --
17 more in HCB this would likely happen, where
18 they got admitted because they broke their
19 hip and they have some functional needs.
20 Now we look at their functional assessment
21 and they can do everything on their own. So
22 they might lose services because they don't
23 need the services anymore. So -- but in,
24 you know, the IDD and the brain injury
25 populations, there shouldn't be -- once that

1 capacity is reserved, there shouldn't be a
2 reason that they would not meet ongoing,
3 unless someone provided false information --
4 MR. CHRISTMAN: Okay.
5 MS. SMITH: -- in the beginning. And,
6 unfortunately, we have had that happen in
7 years past. Not so much now. The staff
8 that are reviewing those are very
9 particular and really dig in and look at
10 the information.
11 MR. CALLEBS: So will more information come
12 out on that, just for example, on
13 November 26 after CareWise is out of
14 1915(c) waivers and LOC, you know, somebody
15 wants to call in an LOC participant, would
16 they call a Cabinet staff? Will they be
17 directed how to proceed?
18 MS. SMITH: It has to go into MWMA.
19 MR. CALLEBS: Okay.
20 MS. SMITH: And that's today. They're
21 not -- they shouldn't be -- they're --
22 CareWise should not be accepting any verbal
23 LOCs over the phone --
24 MR. CALLEBS: Okay.
25 MS. SMITH: -- anymore either. So --

1 MR. CALLEBS: Okay.

2 MS. SMITH: -- really for providers,

3 there's not going to be any noticeable

4 difference. It will still go MWMA;

5 responses will still come through MWMA.

6 It's just who's reviewing it is different.

7 MR. CALLEBS: Okay. Thank you.

8 PARTICIPANT: Another question related to

9 that. The services that aren't covered,

10 like (inaudible) services, will they be

11 reviewed by you guys? CareWise is totally

12 out of the picture?

13 MS. SMITH: CareWise is totally out of the

14 picture. We have Cabinet level staff that

15 will be viewing those services that

16 require -- that aren't able to be approved

17 by the case manager.

18 MS. HUGHES: The meetings for next year.

19 MS. STEARMAN: Quick question --

20 MR. CHRISTMAN: Oh, there's another

21 question here.

22 MS. HUGHES: Okay.

23 MS. STEARMAN: Sorry. Before we get into

24 the meetings. I know there's been a lot

25 going on, but was there any other -- is

1 there any other additional things going on
2 with looking at the waivers for more
3 intense needs for medical and behavioral
4 that we talked about from before?

5 MS. SMITH: That will -- so as we now have
6 a rate and all the service definitions will
7 be consistent, that's the next step, is to
8 look at. And we actually have -- that
9 additional level of care has forced me --
10 the 19th, is that the -- so it's coming up.
11 And so we'll talk a little bit more in that
12 meeting about that. But as far as with
13 SCL, the exceptional supports remains in
14 the waiver right now, so that process is
15 still in place for SCL.

16 MS. HUGHES: So meetings for next year, I
17 sent them out. January the 5th, March 4th,
18 May the 6th, July the 1st, September the
19 2nd, and November the 4th. Are those --

20 MS. BENTLEY: Can you say those one more
21 time.

22 MR. CALLEBS: Could you say those one more
23 time slower?

24 MS. HUGHES: January the 15th.

25 MR. CHRISTMAN: Oh, 15th.

1 MS. BROTHERS: Yeah. I might have said the
2 5th. If I did, I'm sorry.
3 MR. STEVENSON: Okay.
4 MS. HUGHES: March the 4th, May the 6th,
5 July the 1st, September the 2nd and
6 November the 4th.
7 MS. BROTHERS: The only one I'm concerned
8 about is July 1st, because I feel like a
9 lot of people -- do a lot of people take
10 their vacation that week?
11 MS. STAED: And it's the first day of your
12 fiscal year. Do you really want...
13 MS. BROTHERS: Well, I'm just concerned,
14 because --
15 MR. CHRISTMAN: Day before my birthday.
16 MS. STAED: We can celebrate your birthday.
17 MR. STEVENSON: You want to move to the
18 next week?
19 MR. CHRISTMAN: No, I don't care.
20 MR. STEVENSON: Next week of July?
21 MS. HUGHES: Now what I was -- what I had
22 done with this -- and I think I mentioned
23 this to the TAC members, is that, like, for
24 instance, this week and next week, in six
25 days, I have 10 TAC meetings. There's 13

1 TACs that meet regularly. 10 of them are
2 meeting this week and next week in six
3 days. So what I've tried to do is -- is
4 put some space in between.

5 MR. CHRISTMAN: Yeah. Right.

6 MS. HUGHES: And so I tried to keep
7 everybody on the same meeting day, you
8 know. And I tried to get you -- I looked
9 at this year's calendar and tried to get
10 you as close to the same day that you met
11 this year, but trying to put -- maybe moved
12 you one week before or one week after.

13 MR. CHRISTMAN: It's okay with me.

14 MR. STEVENSON: It's going to be hit and
15 miss with vacation.

16 MR. CHRISTMAN: Yeah, yeah.

17 MS. HUGHES: Okay.

18 MS. BROTHERS: We'll just do that.

19 MR. CHRISTMAN: Fantastic.

20 MS. HUGHES: All right.

21 MR. CHRISTMAN: So I guess there's no other
22 questions, so we'll adjourn.

23 MS. HUGHES: Before you adjourn -- sorry --
24 did you want to talk about the -- having
25 Katie's -- the person that you were --

1 MR. CHRISTMAN: Well, we're going to -- I
2 think we already did.
3 MS. HUGHES: Okay.
4 MR. CHRISTMAN: Yeah, I think we got that
5 clear.
6 MS. HUGHES: Okay.
7 MR. CHRISTMAN: And we'll -- we might
8 schedule that at our next meeting, which is
9 what?
10 MS. HUGHES: Be January 15th.
11 MR. CHRISTMAN: January 15th. All right.
12 That's right. Thank you.

13 * * * * *

14 THEREUPON, the meeting was concluded at
15 11:15 a.m.

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STATE OF KENTUCKY)
COUNTY OF FAYETTE)

I, JOLINDA S. TODD, Registered
Professional Reporter and Notary Public in and for
the State of Kentucky at Large, certify that the
facts stated in the caption hereto are true; that
at the time and place stated in said caption the
meeting was held before me; that said Meeting was
taken in stenotype by me and produced via
computer-aided transcription and the foregoing is a
true record of the comments by the persons present.

My commission expires: August 24, 2023.

IN TESTIMONY WHEREOF, I have hereunto set
my hand and seal of office on this the 19th day of
December 2019.

JOLINDA S. TODD, RPR, CCR(KY)
NOTARY PUBLIC, STATE AT LARGE
ID# 449787

<p>COURT REPORTER: [1] 41/20 MR. ALLGOOD: [1] 4/25 MR. CALLEBS: [22] 4/23 24/21 49/12 83/23 84/6 85/5 85/11 85/17 85/21 85/23 86/16 86/19 86/22 86/25 87/19 88/4 89/10 89/18 89/23 89/25 90/6 91/21 MR. CHRISTMAN: [241] MR. GRAY: [1] 5/12 MR. HANNA: [1] 5/11 MR. HARVEY: [12] 5/17 7/7 16/19 16/24 29/25 30/6 30/9 31/6 31/13 33/23 36/1 58/25 MR. KIMBLE: [1] 4/8 MR. SHANNON: [1] 68/22 MR. STEVENSON: [18] 5/3 5/22 6/24 7/4 7/9 49/21 77/13 78/11 78/18 79/18 79/21 79/24 80/2 80/4 92/2 92/16 92/19 93/13 MR. WILLIAMS: [1] 86/4 MS. BENTLEY: [6] 5/19 6/21 72/11 72/14 72/17 91/19 MS. BROTHERS: [63] 4/5 6/18 13/19 14/24 15/13 15/15 15/19 15/24 16/3 16/14 16/23 33/4 33/15 33/17 34/5 34/10 50/19 50/22 51/23 52/8 52/21 52/24 53/11 53/23 54/7 54/11 54/14 54/21 54/25 55/3 55/7 56/3 56/16 56/22 57/2 57/9 58/19 64/12 64/25 65/4 65/6 66/16 66/20 66/24 67/4 67/12 67/19 67/25 68/6 68/12 68/15 68/18 69/20 70/2 71/20 73/10 73/18 73/23 74/16 91/25 92/6 92/12 93/17 MS. ELSTUN: [9] 5/24 6/1 49/19 61/19 61/24 62/12 62/16 62/21 62/24 MS. HUGHES: [34] 5/6 6/6 6/11 6/14 27/22 27/25 35/23 48/24 49/25 50/8 68/5 68/9 68/13 68/16 69/1 70/23 71/1 71/3 71/6 72/21 75/16 90/17 90/21 91/15 91/23 92/3 92/20 93/5 93/16 93/19 93/22 94/2 94/5 94/9 MS. JOSEPHITIS: [1] 6/2 MS. MAGRE: [1] 5/10 MS. MARTIN: [3] 4/10 4/17 4/20 MS. RAYMER: [1] 6/4 MS. RUTH: [1] 5/14 MS. SMITH: [235] MS. STAED: [84] 4/21 7/16 7/19 8/14 8/16 9/2 9/4 9/6 9/9 9/14 9/17 9/19 9/21 9/25 10/17 10/22 10/24 11/19 12/22 13/5 14/18 16/13 17/17 17/19 17/23 17/25 18/4 18/6 18/21 23/17 23/23 24/3 24/12 26/10 26/21 26/24 27/4 27/7 29/22 30/15 30/19 31/3 31/12 33/21 33/25 34/4 34/6 35/9 37/14 37/23 38/6 38/10 38/12 38/14 39/8 39/15 39/17 39/20 42/11 43/9 43/16 46/20 46/24 47/12 47/14 47/22 49/3 49/11 49/16 49/23 50/11 57/1 58/1 58/9 58/20 59/8 59/11 59/15 59/20 59/22 61/10 71/18 92/10 92/15 MS. STEARMAN: [2] 90/18 90/22 MS. THERIOT: [8] 5/8 11/9 11/14 11/21 18/11 18/15 18/22 19/3 MS. VERTREES-BRITT: [5] 5/15 41/9 41/21 42/1 42/4 MS. SMITH: [1] 23/11 PARTICIPANT: [1] 90/7</p>	<p>1 10 [3] 24/20 92/25 93/1 10,500 [3] 76/10 76/11 76/14 100 [1] 79/11 11/25 [3] 63/2 63/3 63/3 11:15 [1] 94/15 12 [1] 24/20 12:010 [1] 24/5 12:020 [1] 24/5 13 [1] 92/25 14 to [1] 25/16 15 different [1] 23/5 15th [4] 91/24 91/25 94/10 94/11 18 million [1] 37/20 1915 [2] 83/25 89/14 19th [2] 91/10 95/17 1:671 [1] 23/19 1st [4] 45/24 91/18 92/5 92/8</p> <p>2 2014 [1] 80/8 2015 [1] 80/9 2019 [3] 1/19 46/8 95/18 2023 [1] 95/15 21 [1] 76/21 24 [2] 70/15 95/15 24-hour [1] 70/14 25 [3] 63/2 63/3 63/3 250 [1] 76/15 26 [1] 89/13 275 [1] 1/14 2nd [2] 91/19 92/5</p> <p>3 30 [2] 25/13 78/24 30 days [1] 25/17 31st [1] 46/8 325 [1] 76/16 365 [1] 70/16</p> <p>4 40 percent [1] 78/25 40621 [1] 1/15 449787 [1] 95/20 4:00 [1] 70/14 4th [4] 91/17 91/19 92/4 92/6</p> <p>5 5 percent [1] 30/15 5.5 [1] 26/1 5.5 percent [3] 30/3 34/2 36/9 5th [2] 91/17 92/2</p> <p>6 6 percent [3] 26/16 26/20 27/9 6,770 [1] 76/20 60 [1] 79/11 60 percent [1] 79/4 621 [2] 78/10 80/12 6th [2] 91/18 92/4</p> <p>7 70 percent [1] 76/21</p> <p>8 8:00 [1] 70/14</p>	<p>9 90 [1] 77/22 90 days [1] 76/15 907 KAR [1] 23/19</p> <p>A a.m [1] 94/15 abbreviated [1] 86/1 able [12] 19/24 24/8 33/9 53/4 54/5 54/10 64/1 65/17 66/5 66/21 71/16 90/16 about [52] 4/13 7/21 8/13 13/17 13/19 14/3 14/7 14/16 14/16 15/17 15/21 28/11 28/12 28/13 32/2 32/2 36/19 37/17 41/11 43/18 46/22 47/18 48/2 48/5 48/16 50/11 50/22 51/4 53/12 55/8 56/4 56/20 60/9 60/18 60/20 63/16 65/8 65/12 65/13 65/24 66/13 66/17 70/25 72/15 72/16 76/14 79/4 84/9 91/4 91/12 92/8 93/24 absolute [1] 40/21 absolutely [3] 13/15 23/16 35/5 abuse [5] 67/9 68/4 73/16 74/4 74/15 accepting [1] 89/22 accessible [2] 67/21 67/25 accidentally [1] 58/6 accurate [3] 27/4 27/6 79/24 acknowledged [1] 59/4 across [6] 22/21 28/21 29/7 32/20 35/5 36/11 action [1] 74/19 actual [2] 76/19 82/2 actually [12] 11/8 20/23 22/6 27/17 61/20 75/6 75/19 82/18 85/25 86/14 87/23 91/8 added [5] 43/9 77/6 77/8 78/11 80/15 additional [4] 26/10 60/13 91/1 91/9 address [2] 62/3 62/8 Adenta [1] 2/25 ADHD [1] 41/12 ADHDs [1] 42/17 adjourn [2] 93/22 93/23 administered [1] 17/11 administrative [4] 10/9 30/18 36/21 36/23 admitted [1] 88/18 adult [13] 13/24 42/17 43/5 64/13 66/24 67/15 68/17 70/1 70/4 70/17 70/18 71/11 73/8 advantage [1] 73/14 adverse [1] 10/13 advice [1] 62/15 advise [1] 71/4 advised [1] 12/22 ADVISORY [1] 1/7 advocates [2] 56/5 56/13 affect [1] 21/8 affects [1] 68/7 affirmative [2] 16/24 68/13 after [6] 25/17 43/15 82/14 87/24 89/13 93/12 again [6] 8/21 18/3 31/2 54/17 65/6 69/2 age [1] 76/21 agencies [1] 28/21 agenda [2] 48/1 56/22 ago [3] 14/15 61/9 76/5 agree [6] 14/25 29/23 33/18 33/19 35/25 57/2 agreed [1] 44/23 agreed-upon [1] 44/23 agreeing [1] 14/21</p>
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27/22</p> <p>amount [2] 39/19 44/24</p> <p>Amy [6] 2/10 4/22 7/18 17/15 26/9 38/3</p> <p>annual [2] 85/7 85/9</p> <p>annually [2] 86/11 86/16</p> <p>another [12] 16/20 22/25 29/6 41/17 50/10 50/11 55/24 65/11 65/15 65/15 90/8 90/20</p> <p>answer [9] 31/12 50/4 50/5 50/7 57/6 64/2 64/5 65/17 69/10</p> <p>answered [1] 64/17</p> <p>answering [2] 60/8 63/10</p> <p>answers [2] 49/22 71/17</p> <p>Anthem [2] 2/20 3/5</p> <p>any [25] 8/18 10/13 23/18 29/4 29/4 29/4 41/19 46/21 47/20 48/11 48/12 53/13 55/9 55/10 58/11 60/25 62/23 73/4 82/13 83/22 87/6 89/22 90/3 90/25 91/1</p> <p>anybody [3] 6/8 25/24 56/10</p> <p>anymore [3] 78/2 88/23 89/25</p> <p>anything [7] 32/3 48/16 49/6 49/7 53/19 56/11 62/11</p> <p>AOC [2] 47/13 47/15</p> <p>appendices [5] 19/8 19/11 20/1 21/22 25/21</p> <p>appendix [2] 21/6 52/7</p> <p>Appendix C [1] 52/7</p> <p>apple [1] 34/23</p> <p>applications [2] 77/4 79/7</p> <p>appreciate [3] 34/9 39/24 50/12</p> <p>approached [1] 22/8</p> <p>appropriate [5] 13/9 69/17 77/15 80/13 80/13</p> <p>approval [1] 7/6</p> <p>approve [2] 6/18 7/1</p> <p>approved [1] 90/16</p> <p>approving [1] 87/22</p>	<p>apps [1] 56/7</p> <p>APS [2] 67/4 75/18</p> <p>Aquaphor [2] 18/19 19/4</p> <p>Arc [2] 2/13 4/7</p> <p>are [102]</p> <p>areas [1] 57/1</p> <p>aren't [4] 24/11 30/10 90/9 90/16</p> <p>around [4] 4/3 17/5 37/20 42/7</p> <p>as [75] 4/2 7/13 8/1 9/20 12/13 12/15 19/16 19/16 22/1 23/2 23/2 29/13 30/17 33/6 33/10 33/17 34/1 37/12 41/15 45/3 45/15 48/12 48/24 48/24 49/2 49/2 51/2 51/2 51/4 51/4 54/9 54/9 55/22 55/22 60/15 62/11 62/12 63/2 63/3 63/11 67/1 67/1 67/6 67/6 67/7 67/8 67/8 67/8 68/3 68/4 71/22 71/22 72/5 72/10 72/10 73/15 73/15 73/15 73/15 74/24 77/21 78/4 79/5 79/5 80/9 80/9 83/4 83/16 83/16 85/6 85/6 91/5 91/12 91/12 93/10</p> <p>ascribed [1] 11/20</p> <p>ask [6] 4/16 35/15 50/1 69/1 70/6 71/24</p> <p>asked [7] 28/19 28/20 31/3 36/15 69/22 70/10 72/1</p> <p>asking [2] 70/6 74/7</p> <p>assessment [8] 79/3 80/24 81/3 81/4 85/10 86/1 86/15 88/20</p> <p>assessments [2] 80/22 84/21</p> <p>assigned [1] 57/4</p> <p>assistance [1] 74/20</p> <p>assistive [6] 50/24 52/1 52/23 54/6 54/12 55/22</p> <p>associated [1] 46/22</p> <p>assumed [1] 29/21</p> <p>assure [2] 26/17 38/16</p> <p>attend [1] 68/23</p> <p>attendant [1] 53/25</p> <p>attended [1] 4/18</p> <p>August [1] 95/15</p> <p>autism [1] 15/4</p> <p>availability [1] 57/1</p> <p>available [4] 19/7 57/12 57/14 70/13</p> <p>average [1] 32/10</p> <p>averaged [1] 32/5</p> <p>aware [1] 25/10</p> <p>away [4] 84/13 85/6 85/11 88/12</p> <p>Aye [1] 7/10</p> <p>B</p> <p>back [27] 5/10 10/4 11/7 11/12 12/4 29/15 30/9 31/21 31/23 36/14 36/25 37/7 37/9 37/11 38/9 38/9 38/17 40/24 41/4 43/9 60/1 61/9 61/22 64/23 65/22 76/1 81/20</p> <p>backup [1] 57/11</p> <p>balance [4] 14/5 15/15 15/16 17/14</p> <p>balms [3] 8/2 8/23 18/3</p> <p>based [4] 21/22 57/17 87/3 87/11</p> <p>bases [1] 18/25</p> <p>basically [2] 28/18 58/16</p> <p>basics [1] 69/14</p> <p>bathroom [1] 54/3</p> <p>be [118]</p> <p>be hit [1] 93/14</p> <p>because [62] 9/1 10/6 11/7 13/7 15/1 17/11 19/22 22/20 24/11 24/19 26/8 27/8 30/21 32/7 33/5 34/2 36/6 39/12 41/1 42/12 44/6 51/14 52/4 53/15 53/18 54/15 57/12 60/7 60/20 61/4 62/6 62/8 63/23 65/11 65/16 66/3 68/11 72/6 72/7 72/22</p>	<p>72/24 73/2 73/2 73/14 75/2 77/2 77/18 77/24 78/1 78/3 78/4 78/7 80/16 81/21 81/23 84/24 85/16 87/24 88/18 88/22 92/8 92/14</p> <p>become [1] 46/19</p> <p>been [25] 7/23 11/20 19/11 24/23 24/24 28/25 46/2 46/14 46/21 53/5 60/2 60/15 62/18 64/9 67/19 69/25 74/11 75/2 76/5 76/14 76/15 76/17 83/13 87/2 90/24</p> <p>before [10] 4/18 6/7 25/6 77/8 90/23 91/4 92/15 93/12 93/23 95/11</p> <p>beforehand [1] 6/10</p> <p>began [1] 49/25</p> <p>begged [1] 28/18</p> <p>begin [1] 45/24</p> <p>beginning [2] 46/5 89/5</p> <p>behalf [1] 73/10</p> <p>behavior [1] 79/15</p> <p>behavioral [1] 91/3</p> <p>behind [5] 5/23 52/15 70/7 82/14 82/22</p> <p>being [14] 11/3 19/2 39/15 39/17 40/15 40/16 55/25 56/5 58/5 72/8 74/1 84/19 85/7 85/15</p> <p>believe [3] 16/17 41/17 86/3</p> <p>Benefind [2] 58/25 59/2</p> <p>benefit [3] 51/2 56/18 69/19</p> <p>benefited [1] 38/20</p> <p>Bentley [2] 2/7 5/20</p> <p>best [4] 16/8 16/19 35/20 82/4</p> <p>between [2] 74/25 93/4</p> <p>beyond [1] 66/6</p> <p>bid [1] 48/6</p> <p>big [3] 22/22 64/9 76/19</p> <p>bigger [1] 47/4</p> <p>birthday [2] 92/15 92/16</p> <p>bit [4] 10/19 22/23 87/10 91/11</p> <p>board [4] 28/21 31/8 35/5 63/8</p> <p>bone [1] 27/22</p> <p>both [2] 17/16 77/10</p> <p>box [1] 63/5</p> <p>brain [6] 14/14 16/4 28/23 84/10 88/10 88/24</p> <p>brainiacs [1] 63/15</p> <p>breakdown [1] 13/15</p> <p>brief [2] 44/18 86/17</p> <p>bring [1] 14/21</p> <p>bringing [2] 51/8 51/10</p> <p>Britt [2] 2/23 5/16</p> <p>broad [1] 14/20</p> <p>broke [1] 88/18</p> <p>Brothers [2] 2/13 4/6</p> <p>brought [2] 69/25 83/13</p> <p>bucks [1] 51/20</p> <p>budget [1] 29/3</p> <p>building [3] 1/13 28/7 42/6</p> <p>bump [1] 8/14</p> <p>bunch [1] 63/14</p> <p>business [1] 83/22</p> <p>C</p> <p>CABINET [7] 1/2 5/13 36/11 84/6 87/20 89/16 90/14</p> <p>calendar [1] 93/9</p> <p>call [4] 64/16 82/21 89/15 89/16</p> <p>Callebs [2] 2/8 4/24</p> <p>called [3] 31/10 31/18 37/16</p> <p>calling [1] 65/2</p> <p>calls [2] 31/21 57/11</p>
--	--	--

<p>C</p> <p>came [4] 30/9 32/16 72/13 72/19</p> <p>Camille [1] 2/16</p> <p>can [40] 7/3 10/11 10/11 11/22 15/22 17/9 21/5 23/6 23/15 37/21 40/18 42/5 44/7 45/23 46/14 46/15 47/21 47/23 49/2 49/13 49/13 49/24 49/25 51/23 53/8 53/21 53/22 56/10 56/13 64/3 69/3 69/10 71/16 73/13 73/14 73/23 83/10 88/21 91/20 92/16</p> <p>can't [25] 6/16 14/14 17/11 17/12 24/6 32/1 32/3 42/9 47/9 47/11 48/7 48/15 49/4 49/17 49/18 50/6 52/13 53/15 55/5 56/11 61/19 69/10 78/25 79/17 81/24</p> <p>cannot [3] 48/14 49/5 49/7</p> <p>capacity [5] 79/7 84/20 87/25 88/3 89/1</p> <p>caption [2] 95/9 95/10</p> <p>capture [1] 81/23</p> <p>care [17] 2/23 5/17 16/11 32/22 32/23 33/10 60/21 62/10 84/1 84/19 85/4 85/10 86/20 87/18 88/9 91/9 92/19</p> <p>careful [1] 53/18</p> <p>CareWise [5] 83/25 89/13 89/22 90/11 90/13</p> <p>cart [1] 34/23</p> <p>carve [2] 13/2 13/5</p> <p>case [6] 57/15 57/16 62/7 62/9 86/5 90/17</p> <p>cases [1] 87/2</p> <p>category [1] 72/4</p> <p>cause [1] 10/13</p> <p>CCDD [2] 2/7 2/24</p> <p>CCR [1] 95/19</p> <p>Cedar [2] 2/19 5/6</p> <p>celebrate [1] 92/16</p> <p>central [1] 67/2</p> <p>CEO [1] 5/5</p> <p>certainly [1] 39/23</p> <p>certify [1] 95/8</p> <p>chair [1] 5/2</p> <p>change [11] 21/19 22/1 22/2 23/23 34/10 46/18 62/3 62/8 81/22 84/14 84/25</p> <p>changed [5] 23/25 23/25 62/11 84/24 86/8</p> <p>changes [7] 19/16 19/18 20/2 21/15 23/19 29/4 46/3</p> <p>changing [1] 84/5</p> <p>chapter [3] 24/9 24/15 24/18</p> <p>Chapter 2 [1] 24/15</p> <p>chapters [1] 24/18</p> <p>charge [1] 86/6</p> <p>cheap [1] 81/15</p> <p>check [5] 44/14 44/21 44/23 45/1 62/15</p> <p>checking [1] 45/2</p> <p>checks [2] 45/23 47/16</p> <p>CHFS [1] 2/11</p> <p>Child [1] 70/18</p> <p>choose [3] 15/2 16/7 79/3</p> <p>chose [2] 28/16 28/17</p> <p>Chris [3] 2/19 5/4 7/6</p> <p>Christman [2] 2/5 4/4</p> <p>Ci [1] 2/25</p> <p>citation [1] 11/2</p> <p>citations [1] 74/20</p> <p>clarification [1] 8/10</p> <p>clarify [1] 26/10</p> <p>class [2] 51/15 54/5</p> <p>clear [3] 49/4 70/9 94/5</p> <p>clients [4] 41/13 41/14 42/7 42/8</p> <p>clock [1] 25/5</p>	<p>close [4] 21/13 76/13 76/18 93/10</p> <p>closes [1] 25/17</p> <p>CMS [7] 24/23 25/14 25/17 26/8 26/13 40/8 86/10</p> <p>coaching [2] 55/10 56/2</p> <p>college [4] 51/10 51/14 53/13 54/21</p> <p>Collins [1] 2/16</p> <p>color [2] 48/18 50/15</p> <p>Columbus [2] 2/8 4/25</p> <p>combination [1] 77/9</p> <p>come [10] 29/2 31/17 32/19 43/22 43/24 77/3 79/6 80/3 89/11 90/5</p> <p>comes [8] 11/4 39/13 40/16 40/17 40/17 67/16 67/17 83/4</p> <p>coming [7] 19/15 29/16 33/6 49/20 52/7 71/17 91/10</p> <p>comment [24] 4/16 19/10 20/1 20/13 20/15 20/16 20/25 21/7 21/15 22/2 25/1 25/3 25/11 25/16 25/25 27/1 27/3 28/4 28/12 33/5 41/9 41/19 48/16 49/18</p> <p>comments [4] 26/5 28/13 30/8 95/14</p> <p>commission [1] 95/15</p> <p>Commissioner [2] 44/18 50/10</p> <p>COMMONWEALTH [3] 1/1 5/2 5/20</p> <p>communicating [1] 46/17</p> <p>community [3] 51/7 52/19 57/17</p> <p>community-based [1] 57/17</p> <p>compensated [2] 39/17 39/18</p> <p>complaint [1] 31/20</p> <p>complete [3] 25/19 74/13 78/10</p> <p>completed [1] 25/3</p> <p>completely [3] 14/10 29/3 70/7</p> <p>compliance [1] 40/7</p> <p>complicated [2] 39/23 63/24</p> <p>component [1] 55/20</p> <p>components [1] 55/12</p> <p>comprehensive [1] 60/6</p> <p>comprised [1] 83/15</p> <p>computer [1] 95/13</p> <p>computer-aided [1] 95/13</p> <p>concern [8] 10/5 11/4 57/14 65/8 65/18 65/24 69/21 73/11</p> <p>concerned [6] 8/1 11/1 65/13 71/22 92/7 92/13</p> <p>concerns [6] 7/21 17/20 56/20 56/24 56/25 66/12</p> <p>concluded [1] 94/14</p> <p>conditions [1] 23/19</p> <p>cone [3] 48/9 49/16 50/2</p> <p>confirm [1] 49/14</p> <p>conjunction [7] 55/14 56/1 59/19 60/3 68/21 72/9 73/4</p> <p>connection [1] 74/24</p> <p>consider [4] 26/1 26/16 30/2 33/4</p> <p>consistent [3] 65/23 65/24 91/7</p> <p>contact [2] 69/3 71/16</p> <p>contacted [1] 12/21</p> <p>contention [1] 27/22</p> <p>context [1] 19/22</p> <p>continually [1] 42/16</p> <p>continue [2] 46/7 85/3</p> <p>Continued [1] 3/2</p> <p>convenient [1] 76/3</p> <p>conversation [1] 46/21</p> <p>copy [2] 44/13 75/18</p> <p>Correct [2] 44/9 85/8</p> <p>correction [1] 11/2</p> <p>corrective [1] 74/19</p>	<p>cost [3] 30/13 33/4 46/22</p> <p>costs [1] 47/1</p> <p>Coughs [1] 46/16</p> <p>could [15] 6/7 8/10 12/23 13/7 13/10 21/10 21/16 31/11 38/3 47/17 50/5 53/25 68/23 88/16 91/22</p> <p>Council [2] 5/2 5/21</p> <p>counter [5] 17/16 17/21 17/23 18/14 18/14</p> <p>COUNTY [1] 95/4</p> <p>couple [3] 7/20 22/17 36/14</p> <p>course [1] 60/19</p> <p>court [1] 6/12</p> <p>cover [1] 18/25</p> <p>covered [2] 54/11 90/9</p> <p>CQM [2] 12/6 14/21</p> <p>cream [4] 8/6 10/10 10/12 13/12</p> <p>creams [1] 8/23</p> <p>create [2] 14/20 26/8</p> <p>criteria [2] 77/8 79/9</p> <p>critical [13] 8/8 8/15 8/16 8/21 9/2 9/11 9/13 10/16 12/25 13/13 13/15 73/18 74/9</p> <p>Crosstalk [1] 28/5</p> <p>Crowley [1] 3/5</p> <p>currently [1] 25/5</p> <p>cycles [1] 76/17</p> <hr/> <p>D</p> <p>DAIL [2] 2/17 6/5</p> <p>data [9] 28/15 28/15 35/22 36/18 37/4 37/24 40/24 73/23 81/23</p> <p>data-driven [1] 35/22</p> <p>database [1] 46/15</p> <p>DATE [1] 1/18</p> <p>Dave [1] 5/12</p> <p>David [6] 2/11 2/14 2/24 3/5 5/1 5/13</p> <p>day [17] 13/24 13/25 15/5 43/4 43/5 58/7 58/15 70/13 70/16 73/20 79/11 79/12 92/11 92/15 93/7 93/10 95/17</p> <p>days [8] 25/13 25/17 70/16 70/16 76/15 77/23 92/25 93/3</p> <p>DCBS [20] 45/25 47/14 56/21 57/7 58/3 58/15 59/3 60/19 62/5 65/6 65/9 66/9 67/14 67/19 68/5 68/21 69/3 70/23 71/16 74/25</p> <p>DCBS at [1] 70/23</p> <p>DDID [2] 3/6 4/10</p> <p>dealing [1] 58/24</p> <p>December [3] 25/13 46/8 95/18</p> <p>December 31st [1] 46/8</p> <p>decided [1] 88/7</p> <p>deciding [1] 13/4</p> <p>decision [2] 13/17 83/17</p> <p>decisions [2] 15/18 16/10</p> <p>defer [2] 6/25 7/5</p> <p>definition [3] 23/6 52/3 54/18</p> <p>definitions [4] 19/7 21/1 22/13 91/6</p> <p>delineated [1] 10/6</p> <p>delineation [2] 13/16 22/23</p> <p>department [5] 37/16 52/11 56/8 71/4 71/8</p> <p>depend [1] 83/9</p> <p>depending [1] 21/14</p> <p>depends [1] 59/4</p> <p>deserve [1] 45/10</p> <p>desk [3] 63/3 63/4 63/8</p> <p>determination [1] 10/15</p> <p>determinations [1] 84/2</p> <p>determined [1] 84/19</p>
--	---	---

<p>D</p> <p>determining [1] 10/10</p> <p>develop [1] 60/13</p> <p>developed [1] 75/22</p> <p>DEVELOPMENT [1] 1/6</p> <p>Developmental [2] 5/3 5/21</p> <p>device [1] 55/17</p> <p>devices [2] 51/21 56/3</p> <p>diagnosed [1] 84/11</p> <p>did [29] 5/22 6/13 7/16 7/17 7/18 12/11 14/23 17/16 22/8 22/9 22/18 23/22 26/4 26/5 31/20 32/4 32/19 32/19 36/19 37/17 42/25 43/9 51/14 74/14 76/16 81/20 92/2 93/24 94/2</p> <p>didn't [11] 6/23 27/8 29/20 30/24 31/24 32/10 44/12 44/12 74/22 79/2 81/7</p> <p>difference [2] 79/15 90/4</p> <p>differences [1] 29/10</p> <p>different [10] 14/9 22/24 23/5 38/24 50/2 70/7 74/5 79/10 87/10 90/6</p> <p>differently [3] 22/9 81/23 84/2</p> <p>difficult [1] 34/10</p> <p>dig [1] 89/9</p> <p>direct [2] 32/8 51/3</p> <p>directed [3] 15/7 38/17 89/17</p> <p>direction [2] 62/19 62/24</p> <p>directly [2] 61/22 69/4</p> <p>Director [1] 4/23</p> <p>disabilities [4] 1/6 5/3 5/21 68/9</p> <p>disability [6] 14/13 54/24 84/11 84/12 85/1 88/11</p> <p>discounted [1] 47/16</p> <p>discourages [1] 44/7</p> <p>discrepancy [1] 42/10</p> <p>discuss [1] 12/3</p> <p>discussed [3] 41/18 42/14 43/14</p> <p>discussion [5] 12/2 12/5 43/15 44/18 58/24</p> <p>discussion with [1] 12/2</p> <p>division [1] 64/22</p> <p>DMS [9] 2/6 3/8 5/7 5/8 5/9 68/15 68/18 69/2 69/6</p> <p>do [59] 6/8 6/18 14/7 15/9 15/11 17/9 21/9 22/5 25/8 31/17 32/3 32/19 33/13 35/25 37/9 37/16 40/18 40/22 41/9 42/2 42/5 43/8 44/6 45/1 48/12 51/17 54/7 55/10 55/17 57/6 57/13 58/17 59/12 60/5 60/8 61/6 64/20 67/1 69/15 73/3 74/8 75/12 77/19 77/25 78/6 78/10 82/5 82/5 82/5 83/7 83/20 85/2 88/14 88/15 88/21 92/9 92/12 93/3 93/18</p> <p>document [1] 19/15</p> <p>documentation [1] 12/19</p> <p>documented [2] 40/8 40/15</p> <p>does [13] 9/1 11/15 24/25 26/17 32/24 49/12 75/1 77/19 78/5 82/1 82/2 82/2 84/14</p> <p>doesn't [8] 18/13 18/21 18/23 38/22 71/7 71/9 76/23 84/12</p> <p>doing [13] 12/13 17/1 32/22 32/23 32/23 45/2 57/14 69/11 69/13 76/17 87/21 87/25 88/7</p> <p>dollar [2] 32/8 32/9</p> <p>dollar-for [1] 32/8</p> <p>dollars [1] 39/2</p> <p>don't [39] 6/19 6/21 7/3 8/17 10/12 11/24 16/1 16/15 19/13 23/4 30/16 30/20 30/24</p>	<p>32/2 34/13 37/20 39/6 39/10 41/25 43/6 43/7 43/7 43/11 44/21 48/11 48/19 51/9 51/16 54/15 55/6 60/5 60/8 61/17 61/18 70/8 79/1 83/17 88/22 92/19</p> <p>done [14] 58/19 75/12 79/14 83/8 84/2 84/3 84/6 84/22 85/18 85/23 86/1 86/2 86/23 92/22</p> <p>down [7] 4/2 26/18 29/5 39/2 39/5 53/10 80/7</p> <p>draw [1] 39/2</p> <p>drawn [1] 39/5</p> <p>driven [2] 28/15 35/22</p> <p>Dungarvin [4] 2/21 2/22 6/2 6/4</p> <p>duplication [1] 53/20</p> <p>during [1] 31/7</p> <hr/> <p>E</p> <p>e-mail [3] 6/23 37/21 63/5</p> <p>e-mailing [1] 61/22</p> <p>e-mails [3] 31/22 31/22 63/7</p> <p>each [2] 59/13 76/16</p> <p>earlier [1] 75/17</p> <p>easier [2] 52/17 54/24</p> <p>EAST [1] 1/14</p> <p>easy [1] 34/15</p> <p>EBD [1] 48/5</p> <p>education [1] 79/14</p> <p>educational [2] 51/9 53/14</p> <p>effect [2] 7/14 46/19</p> <p>effective [1] 61/25</p> <p>effects [1] 10/13</p> <p>either [7] 6/21 47/10 52/12 52/18 54/1 78/25 89/25</p> <p>elderly [1] 15/23</p> <p>electronic [5] 45/23 46/10 46/15 46/20 70/12</p> <p>eligibility [4] 22/19 66/8 87/3 87/15</p> <p>eligible [1] 78/14</p> <p>eliminated [1] 23/14</p> <p>Eliza [2] 3/7 4/11</p> <p>else [5] 16/9 25/24 36/9 45/5 62/19</p> <p>else's [1] 29/16</p> <p>Elstun [2] 2/21 6/2</p> <p>employment [8] 72/3 72/8 72/10 72/11 72/19 72/23 73/3 73/5</p> <p>encourage [1] 31/25</p> <p>end [3] 25/11 32/15 32/17</p> <p>enrolling [1] 79/4</p> <p>enrollment [1] 58/10</p> <p>entire [1] 44/21</p> <p>entirely [2] 27/3 27/5</p> <p>entities [1] 60/18</p> <p>environment [1] 29/4</p> <p>equipment [1] 56/7</p> <p>escalation [2] 63/23 64/3</p> <p>especially [3] 47/4 75/9 84/9</p> <p>essentially [1] 82/23</p> <p>evaluate [1] 86/11</p> <p>evaluated [3] 82/20 83/5 86/16</p> <p>evaluation [3] 81/21 82/3 87/4</p> <p>even [13] 7/14 11/8 11/23 32/4 47/3 50/1 50/5 51/8 51/10 55/25 66/6 74/13 81/18</p> <p>eventually [1] 82/25</p> <p>every [13] 13/8 15/5 32/13 35/13 37/7 63/11 63/12 67/10 73/20 76/14 84/22 85/19 85/23</p> <p>everybody [7] 4/1 5/22 28/11 35/2 54/21 86/11 93/7</p>	<p>everybody's [1] 35/20</p> <p>everyone [3] 4/15 82/23 82/25</p> <p>everything [7] 24/16 25/19 31/11 49/9 67/7 73/3 88/21</p> <p>exactly [8] 9/3 10/23 17/6 34/19 38/4 39/21 44/15 79/22</p> <p>example [3] 41/25 85/13 89/12</p> <p>except [1] 25/21</p> <p>exception [2] 12/24 24/10</p> <p>exceptional [1] 91/13</p> <p>excited [1] 53/1</p> <p>Executive [1] 4/23</p> <p>existing [1] 83/4</p> <p>expand [1] 53/8</p> <p>expanding [3] 52/1 52/23 53/10</p> <p>expect [2] 4/19 74/9</p> <p>expense [1] 32/9</p> <p>expenses [1] 30/18</p> <p>expensive [2] 33/3 81/18</p> <p>experience [1] 88/4</p> <p>experiences [1] 61/1</p> <p>expert [1] 41/2</p> <p>experts [1] 41/4</p> <p>expires [1] 95/15</p> <p>exploitation [1] 74/16</p> <p>extreme [1] 16/21</p> <hr/> <p>F</p> <p>facility [1] 42/24</p> <p>fact [1] 34/9</p> <p>facts [1] 95/9</p> <p>failed [2] 26/14 26/16</p> <p>Failure [1] 26/1</p> <p>fair [2] 37/9 37/9</p> <p>fall [3] 71/7 72/4 84/17</p> <p>false [1] 89/3</p> <p>familiar [2] 59/17 88/1</p> <p>family [3] 1/2 5/14 51/5</p> <p>Fantastic [1] 93/19</p> <p>far [21] 23/2 35/7 41/1 51/2 51/4 54/9 55/22 62/12 67/1 67/6 67/7 67/8 68/3 71/22 73/15 73/15 79/5 80/9 83/16 85/6 91/12</p> <p>fault [1] 58/12</p> <p>favor [2] 7/9 7/11</p> <p>FAYETTE [1] 95/4</p> <p>feasibly [1] 13/8</p> <p>federal [7] 26/14 27/12 38/15 38/21 39/2 39/5 39/12</p> <p>feel [4] 15/11 16/8 16/12 92/8</p> <p>felt [1] 81/7</p> <p>few [1] 76/17</p> <p>field [2] 36/4 36/5</p> <p>figure [2] 4/12 74/21</p> <p>filed [2] 9/14 20/24</p> <p>fill [3] 65/20 65/21 77/5</p> <p>finalized [1] 21/13</p> <p>finances [1] 55/6</p> <p>financial [1] 20/6</p> <p>financially [1] 73/15</p> <p>find [5] 65/5 67/21 74/14 74/14 78/25</p> <p>fine [1] 48/23</p> <p>firmly [1] 37/3</p> <p>first [9] 18/10 25/12 41/3 43/12 58/1 69/12 74/21 81/21 92/11</p> <p>firsthand [1] 56/9</p> <p>fiscal [1] 92/12</p> <p>fits [1] 19/25</p>
---	--	--

F five [1] 22/16 fix [2] 58/10 61/19 focused [1] 81/3 folks [4] 16/22 17/5 71/11 78/13 force [2] 17/12 17/12 forced [1] 91/9 foregoing [1] 95/13 Forgive [1] 25/7 form [2] 20/11 80/17 formal [1] 45/3 forms [4] 23/14 23/15 65/21 65/22 forth [2] 31/23 76/1 forward [6] 47/21 56/19 69/7 69/22 73/8 73/9 found [1] 35/7 frame [1] 83/18 FRANKFORT [1] 1/15 frequently [2] 9/8 84/23 Friday [2] 19/10 19/12 from states [1] 82/10 front [2] 43/7 43/8 full [8] 25/13 28/24 46/9 60/5 77/24 78/4 86/2 86/23 function [1] 73/1 functional [8] 84/14 84/21 84/25 85/9 85/17 86/15 88/19 88/20 functioning [1] 42/11 fundamentally [2] 33/22 34/7 funding [1] 53/19 further [1] 46/17 future [2] 53/16 72/1	64/10 64/11 66/4 66/5 68/3 69/1 69/12 72/18 77/12 77/16 77/25 81/22 82/23 84/3 84/6 86/18 88/11 88/12 90/3 90/25 91/1 93/14 94/1 good [6] 27/19 45/17 45/18 50/7 56/16 64/12 got [12] 15/4 31/21 36/6 37/6 48/2 48/20 49/19 49/21 58/5 80/11 88/18 94/4 gotcha [3] 50/16 50/16 50/17 gotten [4] 7/20 76/18 80/7 80/14 governance [1] 83/14 government [2] 26/14 38/21 grant [1] 56/16 granted [1] 71/10 Gray [2] 2/11 5/13 Great [1] 6/6 Gretchen [1] 79/16 ground [1] 57/24 group [9] 10/4 11/7 12/8 36/6 42/13 43/16 46/1 56/5 56/13 groups [1] 78/23 grow [1] 51/1 grown [1] 76/23 growth [2] 50/24 80/20 guardian [1] 51/5 guardianship [3] 43/20 43/21 57/22 guess [21] 26/4 26/4 33/3 33/6 65/23 66/1 67/5 68/8 69/21 69/23 71/21 71/23 73/11 73/21 74/6 78/15 79/24 82/21 82/22 86/6 93/21 guidance [1] 38/15 guide [1] 74/12 guys [1] 90/11	He's [1] 50/14 head [2] 13/18 24/7 heads [1] 29/13 health [8] 1/2 1/13 5/14 8/3 14/2 14/17 43/5 75/9 healthcare [1] 52/12 hear [4] 4/19 32/2 37/5 58/4 heard [2] 31/20 41/19 heart [1] 8/4 heel [3] 8/6 8/22 10/12 held [2] 1/11 95/11 help [13] 16/10 54/2 54/4 54/6 56/1 56/2 63/3 63/4 63/8 64/5 64/11 66/5 66/21 help desk [1] 63/3 helped [1] 61/20 helpful [1] 80/6 her [7] 14/25 16/8 16/11 16/16 44/19 45/2 49/22 here [20] 4/12 27/18 27/18 27/24 27/25 28/1 28/3 28/6 38/3 41/9 47/10 47/12 59/3 60/24 69/24 70/22 71/2 71/9 79/17 90/21 hereto [1] 95/9 hereunto [1] 95/16 hesitation [1] 13/3 hey [1] 11/15 high [1] 41/15 higher [4] 41/13 41/13 41/15 43/4 highlights [2] 19/16 19/18 him [3] 15/7 15/9 29/11 hip [1] 88/19 hire [1] 63/17 hired [1] 63/15 his [4] 15/3 15/10 18/19 27/18 hit [1] 93/14 hold [1] 26/12 home [2] 52/19 67/9 homeless [1] 67/10 homes [1] 51/19 honest [2] 19/3 80/17 honestly [1] 50/6 hope [1] 83/7 hoping [2] 8/9 53/8 hospital [2] 17/10 39/1 hotline [1] 70/15 hour [2] 64/16 70/14 hours [3] 66/14 66/15 70/15 houses [1] 67/7 how [37] 9/13 16/1 19/24 21/8 21/24 31/1 36/19 37/18 39/12 39/13 40/18 40/19 44/7 46/3 51/1 53/18 55/17 55/17 55/19 56/2 57/3 57/4 57/11 58/17 60/10 64/18 68/2 69/15 69/20 73/5 74/12 75/11 77/11 78/19 85/2 88/14 89/17 However [1] 59/20 huge [1] 17/3 Hughes [2] 2/6 5/7 huh [17] 16/24 25/23 43/17 53/24 54/8 54/14 59/23 61/11 61/24 65/7 68/13 70/3 74/17 81/13 83/21 86/19 87/5 Huh-uh [1] 87/5 hundred [1] 22/11
G G-Tubes [1] 42/9 geared [3] 17/21 18/1 18/2 general [3] 60/16 67/25 70/11 germane [1] 72/21 get [57] 6/13 11/17 17/10 18/17 20/23 21/14 28/3 28/24 29/14 30/16 31/11 33/9 33/14 36/11 37/17 39/11 40/18 40/19 43/9 43/25 43/25 44/12 44/13 44/13 44/21 45/1 45/3 47/9 47/11 50/9 54/4 57/8 59/25 60/21 61/3 64/17 69/17 71/15 71/17 74/9 74/19 74/20 74/22 75/18 75/22 75/23 76/7 77/6 79/3 79/11 79/12 82/14 82/25 83/5 90/23 93/8 93/9 gets [3] 10/18 34/1 67/16 getting [10] 6/19 11/1 18/9 21/8 29/9 58/6 62/6 63/6 79/11 82/8 give [2] 35/2 66/5 given [4] 28/15 41/12 62/15 62/18 giving [1] 66/7 glad [1] 45/18 go [32] 4/2 4/8 7/2 11/12 20/21 36/25 37/7 37/9 37/11 41/4 46/12 46/18 48/5 48/19 49/14 54/3 60/5 61/4 61/5 65/10 65/11 65/18 65/22 68/10 79/9 82/5 84/12 85/6 85/10 88/12 89/18 90/4 goal [1] 48/12 goals [1] 73/13 goes [6] 25/12 53/22 54/1 54/21 75/20 75/20 going [49] 10/4 10/13 12/3 12/4 24/25 25/8 31/22 33/14 36/25 37/4 40/24 43/24 43/25 46/7 46/8 46/18 51/1 52/17 54/6 55/9 55/13 56/19 60/14 60/17 60/21 63/9	H had [22] 10/6 16/2 20/2 35/22 37/13 40/22 44/17 46/2 46/4 52/3 56/19 61/20 61/21 65/22 69/11 78/9 78/15 78/17 81/7 81/8 89/6 92/21 hand [1] 95/17 handbook [1] 23/11 handful [1] 17/2 handling [1] 22/20 Hanna [2] 2/14 5/12 happen [5] 31/24 32/1 58/13 88/17 89/6 happened [3] 40/12 67/11 74/22 happening [3] 40/13 65/25 74/4 happens [3] 8/13 9/8 73/16 happy [3] 27/10 37/19 69/8 harbor [7] 26/17 26/25 27/9 36/16 38/13 38/21 38/23 hard [4] 14/19 17/14 63/24 64/8 harmless [1] 26/12 Harvey [2] 2/12 5/18 has [32] 7/14 14/12 14/13 15/4 15/23 16/6 18/16 24/24 25/2 26/9 46/13 46/21 46/24 52/11 52/15 52/20 54/19 54/25 55/2 58/5 58/13 59/16 67/18 71/14 71/14 71/20 71/25 74/11 75/2 87/2 89/18 91/9 have [143] haven't [4] 62/14 62/15 62/20 62/23 having [10] 18/8 22/10 36/9 40/8 58/23 61/18 65/20 65/21 66/18 93/24 Hawkins' [1] 31/9 HCB [3] 28/23 41/12 88/17 he [14] 11/15 15/3 15/4 15/4 15/4 15/5 15/6 15/9 15/10 18/19 18/21 42/16 42/25 79/18	I I'd [1] 37/19 I'll [11] 7/8 10/3 11/6 29/11 40/25 43/25 47/9 62/15 64/22 66/10 71/23 I'm [47] 4/4 4/6 4/9 4/11 4/12 4/22 4/22 5/1 5/24 7/15 10/3 16/9 16/16 17/6 27/10

<p>I</p> <p>I'm... [32] 27/14 28/11 33/6 34/16 34/20 39/10 41/2 41/22 42/12 43/20 43/25 45/18 48/7 48/9 48/9 50/25 51/4 51/13 53/16 54/12 56/14 63/16 66/1 67/5 68/8 69/8 70/24 71/22 74/7 92/2 92/7 92/13</p> <p>I've [6] 4/18 16/2 30/22 36/15 75/5 93/3</p> <p>ICFMR [1] 64/25</p> <p>ID [1] 95/20</p> <p>IDD [3] 28/22 84/10 88/24</p> <p>idea [2] 47/19 48/12</p> <p>IHDI [1] 72/2</p> <p>ill [1] 16/22</p> <p>immediate [1] 64/2</p> <p>implemented [3] 46/11 48/13 80/11</p> <p>implying [1] 38/3</p> <p>important [4] 39/13 58/18 60/12 83/19</p> <p>impression [1] 78/17</p> <p>inaudible [1] 90/10</p> <p>incident [21] 7/13 7/22 8/9 8/15 8/16 9/2 9/11 11/19 11/23 12/25 67/10 69/18 73/18 74/10 74/13 74/15 75/7 75/8 75/13 75/22 75/23</p> <p>incidents [5] 9/13 67/8 70/17 74/3 75/5</p> <p>include [3] 17/16 24/8 24/25</p> <p>incorporated [3] 23/13 23/15 23/17</p> <p>increase [2] 39/3 53/4</p> <p>increased [1] 46/22</p> <p>increases [1] 35/3</p> <p>independent [1] 52/20</p> <p>independently [1] 32/14</p> <p>indicated [3] 31/8 31/10 79/20</p> <p>individual [7] 7/15 14/18 16/19 51/3 62/3 75/25 85/17</p> <p>individualized [2] 52/21 54/19</p> <p>individuals [13] 12/17 14/7 15/1 33/7 33/8 51/15 51/18 61/6 68/8 68/9 71/22 73/25 74/2</p> <p>inequity [2] 29/7 41/17</p> <p>infection [1] 13/14</p> <p>information [16] 26/10 27/11 35/21 37/25 46/9 47/20 47/24 57/8 60/22 61/4 66/11 67/24 69/5 89/3 89/10 89/11</p> <p>informational [1] 48/3</p> <p>infused [1] 29/15</p> <p>initial [1] 26/5</p> <p>initially [5] 43/2 81/22 84/5 84/19 87/23</p> <p>injury [6] 14/14 16/5 28/23 84/10 88/10 88/24</p> <p>instance [1] 92/24</p> <p>instead [2] 22/10 79/10</p> <p>instruction [1] 7/24</p> <p>insure [1] 67/18</p> <p>intake [1] 67/2</p> <p>integrating [1] 51/2</p> <p>integrity [1] 24/15</p> <p>intellectual [3] 1/6 14/13 88/10</p> <p>intense [3] 33/10 33/13 91/3</p> <p>intent [3] 36/4 36/10 70/6</p> <p>intentionally [1] 17/7</p> <p>interact [1] 60/10</p> <p>interest [1] 35/21</p> <p>interested [5] 50/19 50/25 51/13 51/15 54/12</p> <p>intervene [1] 32/1</p> <p>introduce [1] 4/3</p> <p>invite [1] 70/22</p>	<p>involvement [1] 51/7</p> <p>involves [1] 75/24</p> <p>iPad [1] 52/14</p> <p>is [198]</p> <p>isn't [1] 68/18</p> <p>issue [7] 8/18 8/25 41/11 42/13 58/11 59/2 61/21</p> <p>issued [3] 49/15 62/23 84/20</p> <p>issues [2] 58/5 64/25</p> <p>it [204]</p> <p>it's [113]</p> <p>item [1] 19/6</p> <p>its [2] 26/11 73/1</p> <p>itself [1] 72/11</p> <p>J</p> <p>jail [1] 48/21</p> <p>James [2] 3/6 4/9</p> <p>January [6] 20/20 45/24 91/17 91/24 94/10 94/11</p> <p>January 15th [2] 94/10 94/11</p> <p>January 1st [1] 45/24</p> <p>January the [1] 91/24</p> <p>jeopardize [1] 39/7</p> <p>job [1] 64/8</p> <p>Johnny [3] 2/8 4/24 83/23</p> <p>JOLINDA [2] 95/6 95/19</p> <p>Josephitis [2] 2/22 6/3</p> <p>Judy [2] 3/8 5/9</p> <p>Julie [2] 2/22 6/3</p> <p>July [5] 72/13 91/18 92/5 92/8 92/20</p> <p>July 1st [1] 92/8</p> <p>July the [1] 91/18</p> <p>just [80] 4/12 6/9 8/9 8/19 8/25 9/5 9/23 14/25 15/9 15/13 15/14 18/24 20/14 24/1 25/7 27/1 27/14 28/22 29/12 29/21 31/4 31/5 32/8 35/24 37/15 37/22 38/25 40/5 40/23 41/10 41/15 41/16 43/9 44/10 46/25 47/2 47/5 47/6 48/2 48/3 48/5 50/25 51/14 52/2 52/14 54/20 55/5 55/6 56/17 58/2 58/10 58/13 59/4 60/16 62/1 63/12 65/23 66/18 67/5 68/2 69/14 71/21 72/16 73/24 73/25 76/5 76/6 77/5 77/21 79/3 80/15 80/15 83/24 85/2 88/7 88/13 89/12 90/6 92/13 93/18</p> <p>K</p> <p>Kaleidoscope [2] 2/18 5/15</p> <p>KAPP [9] 2/5 2/10 2/12 4/5 4/23 5/19 36/3 36/11 76/19</p> <p>KAR [1] 23/19</p> <p>Karan [3] 2/23 5/16 41/22</p> <p>KARP [1] 2/15</p> <p>Katie [3] 2/7 5/20 71/25</p> <p>Katie's [1] 93/25</p> <p>keep [5] 29/12 29/13 38/4 40/23 93/6</p> <p>Kelly [2] 31/9 42/14</p> <p>KENTUCKY [9] 1/1 1/15 2/13 4/7 72/3 72/16 72/20 95/3 95/8</p> <p>Kimble [2] 3/6 4/9</p> <p>kind [14] 19/15 34/22 42/14 47/2 48/3 53/13 55/9 55/10 58/21 58/23 62/1 66/2 84/15 86/5</p> <p>knew [2] 30/25 30/25</p> <p>know [154]</p> <p>know you're [1] 61/17</p> <p>knowledge [2] 21/14 56/9</p> <p>known [1] 38/22</p>	<p>KY [1] 95/19</p> <p>L</p> <p>Lake [2] 2/19 5/6</p> <p>laptop [2] 54/20 54/23</p> <p>large [6] 27/21 42/10 58/4 59/22 95/8 95/20</p> <p>last [10] 25/6 31/7 43/19 48/4 60/24 69/12 75/5 76/7 81/5 81/6</p> <p>later [2] 11/8 53/10</p> <p>Laughter [1] 19/1</p> <p>Laura [2] 60/23 66/10</p> <p>laws [1] 49/1</p> <p>leading [1] 86/6</p> <p>LeadingAge [2] 2/19 5/5</p> <p>leaning [1] 12/15</p> <p>LeAnn [2] 2/9 5/11</p> <p>learning [2] 51/16 72/16</p> <p>least [6] 12/21 14/21 29/18 49/13 49/14 86/11</p> <p>leaving [2] 16/9 83/25</p> <p>left [3] 15/9 43/3 43/12</p> <p>legally [1] 78/6</p> <p>legislatures [1] 35/14</p> <p>length [1] 22/5</p> <p>less [4] 17/21 18/1 26/19 34/2</p> <p>let [3] 41/5 61/9 71/24</p> <p>let's [2] 4/2 28/3</p> <p>level [16] 8/8 8/20 9/10 36/4 36/5 41/11 41/12 60/20 84/1 84/18 85/4 85/10 87/18 88/9 90/14 91/9</p> <p>Level 1 [1] 41/11</p> <p>Level 2 [1] 41/12</p> <p>levels [1] 42/11</p> <p>life [1] 54/23</p> <p>like [61] 6/17 7/3 8/2 8/4 8/5 8/11 8/22 8/22 8/23 12/24 13/1 13/12 13/13 15/3 15/11 16/8 16/12 16/16 18/3 18/5 18/18 19/4 22/17 22/18 24/5 31/25 41/24 47/15 47/16 50/14 51/4 51/6 56/5 56/16 56/17 57/4 58/11 61/15 64/16 65/1 65/10 65/19 66/4 67/1 67/6 67/6 67/9 68/3 68/4 69/19 71/2 78/16 79/17 79/20 79/23 79/25 83/8 85/12 90/10 92/8 92/23</p> <p>likely [2] 20/19 88/17</p> <p>limit [1] 52/5</p> <p>limiting [1] 51/18</p> <p>limits [1] 21/3</p> <p>line [8] 31/11 31/19 37/15 63/1 64/14 64/15 64/19 64/22</p> <p>Lisa [2] 2/21 6/2</p> <p>list [11] 22/19 76/2 76/22 77/6 77/9 77/12 77/16 78/11 79/9 80/10 80/20</p> <p>listed [1] 10/8</p> <p>literally [1] 81/25</p> <p>little [5] 10/19 22/23 60/19 87/10 91/11</p> <p>live [3] 63/4 63/6 63/11</p> <p>Liz [1] 2/20</p> <p>LOC [2] 89/14 89/15</p> <p>local [4] 57/5 57/17 66/2 66/18</p> <p>LOCs [4] 87/21 87/22 87/23 89/23</p> <p>long [10] 22/11 22/17 56/24 58/8 58/15 64/14 64/15 65/3 65/16 80/3</p> <p>long-term [2] 56/24 65/16</p> <p>longer [4] 32/25 33/1 64/16 77/5</p> <p>look [13] 15/22 27/8 28/10 29/11 37/10 37/11 40/25 82/14 82/22 86/7 88/20 89/9 91/8</p>
--	---	---

L look-behind [2] 82/14 82/22 looked [5] 29/7 29/8 32/14 71/20 93/8 looking [19] 9/13 24/16 25/9 36/15 36/17 41/7 41/7 45/20 45/22 52/2 52/4 81/2 81/4 82/4 82/7 82/11 82/12 83/13 91/2 looks [2] 69/19 82/1 lose [1] 88/22 losers [1] 26/9 lost [4] 57/24 87/3 87/14 87/16 lot [16] 12/11 15/1 30/16 30/20 32/21 32/21 33/7 33/7 38/25 59/25 60/3 62/6 64/6 90/24 92/9 92/9 love [2] 34/24 38/22 LRC [1] 40/17	61/15 69/8 70/8 71/24 72/13 73/8 91/9 93/13 95/11 95/12 mean [44] 9/1 11/23 12/15 12/23 15/3 15/6 15/8 16/6 17/11 17/12 18/12 18/13 18/20 24/20 31/17 32/13 32/21 35/17 40/21 44/9 44/10 45/4 45/6 45/7 50/3 51/19 52/15 54/21 56/10 61/13 63/19 66/7 67/3 68/11 69/7 70/21 71/10 71/14 73/13 73/16 73/24 78/14 85/12 88/8 means [2] 29/15 49/20 measures [1] 86/13 med [7] 7/13 7/22 7/25 8/1 8/22 9/23 11/23 MEDICAID [14] 1/3 23/20 56/7 56/19 57/20 60/11 62/6 68/6 68/12 68/14 71/5 71/8 71/11 71/13 medical [5] 12/14 41/14 43/5 64/13 91/3 medication [3] 10/7 10/8 17/17 medications [1] 17/22 medicine [10] 8/4 8/5 10/15 13/8 14/6 15/2 15/3 15/6 15/8 16/2 medicines [1] 16/7 meds [4] 17/1 17/8 17/10 17/13 meet [5] 77/8 79/8 88/9 89/2 93/1 meeting [18] 1/7 6/25 7/6 11/8 28/2 31/8 50/10 68/24 72/1 72/13 79/8 91/12 93/2 93/7 94/8 94/14 95/11 95/11 meetings [5] 69/13 90/18 90/24 91/16 92/25 member [1] 68/23 members [4] 7/11 7/21 51/5 92/23 mental [1] 8/3 mentally [1] 16/22 mentioned [3] 26/12 34/13 92/22 message [1] 61/9 met [1] 93/10 methodology [1] 40/9 Michelle [4] 32/6 33/8 63/12 76/4 mid [1] 84/17 might [11] 19/14 51/11 54/5 55/15 55/18 55/20 69/16 87/10 88/22 92/1 94/7 million [1] 37/20 minutes [2] 6/14 14/15 miss [1] 93/15 missed [1] 58/13 mom [1] 16/5 money [8] 35/8 35/15 38/17 39/5 39/12 45/13 47/5 83/10 month [1] 75/6 months [1] 61/21 more [38] 17/20 17/22 17/23 17/24 17/24 18/2 19/14 23/1 24/14 33/3 41/25 46/9 47/3 50/25 51/6 52/19 53/9 60/20 64/24 65/13 66/8 66/17 68/12 69/8 76/8 76/8 76/15 80/13 80/13 81/18 84/22 88/8 88/17 89/11 91/2 91/11 91/20 91/22 most [2] 22/15 80/14 mostly [1] 20/9 motion [3] 6/17 7/4 7/5 move [3] 84/16 84/18 92/17 moved [1] 93/11 much [10] 4/16 25/8 36/19 37/18 39/12 67/23 68/2 85/2 88/14 89/7 multiple [1] 24/18 must [1] 63/14 MWMA [6] 77/4 80/11 81/22 89/18 90/4 90/5 my [18] 14/6 15/3 16/5 24/7 27/1 44/12	48/18 56/23 56/25 57/14 65/8 65/23 66/25 69/21 73/11 92/15 95/15 95/17 myself [1] 31/19
M Ma'am [1] 41/21 made [3] 21/16 42/16 80/8 Magre [2] 2/9 5/11 mail [4] 6/23 37/21 44/14 63/5 mailing [1] 61/22 mails [3] 31/22 31/22 63/7 MAIN [1] 1/14 maintains [1] 67/15 major [1] 35/1 majority [5] 30/23 30/23 38/23 42/23 79/7 make [19] 6/17 7/4 16/9 16/10 16/11 16/17 22/1 22/1 22/2 36/3 38/19 41/3 43/1 52/17 58/17 72/2 73/25 77/7 78/15 makes [7] 8/20 12/25 38/15 51/20 52/16 54/23 88/8 making [6] 10/14 13/16 15/17 15/18 47/3 59/13 manage [1] 68/22 manager [3] 59/5 62/10 90/17 managers [3] 57/16 62/7 86/5 manages [1] 68/21 mandatory [1] 75/4 manned [1] 70/15 manual [2] 23/9 71/19 manuals [2] 23/12 23/16 many [12] 9/13 16/1 29/19 41/14 44/20 57/3 57/4 57/11 64/18 77/11 78/19 87/2 MAP [2] 78/10 80/12 MAR [5] 10/8 12/16 12/17 18/7 18/9 March [2] 91/17 92/4 March 4th [1] 91/17 margins [1] 47/6 Mariposa [3] 2/23 5/17 41/23 Mariposa/Prince [2] 2/23 5/17 mark [1] 76/14 marks [1] 82/1 MARs [1] 11/24 Martin [2] 3/7 4/11 match [1] 21/25 material [1] 46/12 materials [2] 60/14 60/16 matter [2] 18/13 42/18 may [8] 13/12 23/8 32/25 69/19 71/10 71/10 91/18 92/4 maybe [12] 8/9 8/10 14/10 22/15 26/9 44/20 47/17 57/24 72/1 76/5 79/11 93/11 MCOs [1] 57/19 me [30] 12/14 16/2 16/3 16/10 25/8 29/12 29/18 30/9 31/17 35/7 37/5 37/21 40/16 40/17 40/17 41/3 43/7 43/8 47/21 50/14	N name [2] 6/9 41/21 Nashwood [1] 82/11 natural [1] 51/6 Navigant [3] 26/6 26/11 31/10 Navigant's [1] 27/3 necessarily [4] 8/3 8/18 58/11 84/12 necessary [2] 8/22 40/22 necessity [1] 85/7 need [16] 11/16 11/17 11/24 18/21 18/24 19/22 42/11 47/6 51/17 54/20 55/1 55/3 55/5 62/7 85/3 88/23 needed [2] 54/3 84/23 needs [18] 12/19 18/19 18/20 33/10 33/13 41/14 41/15 43/6 58/19 69/24 84/14 84/23 84/25 85/17 86/7 86/15 88/19 91/3 negative [1] 87/5 neglect [2] 67/8 74/16 neutral [1] 29/3 never [5] 4/18 15/2 15/6 31/11 41/19 new [9] 6/9 19/7 25/18 46/15 77/3 83/1 83/5 83/6 85/20 next [16] 6/25 7/6 19/6 25/16 71/23 81/1 84/17 84/18 90/18 91/7 91/16 92/18 92/20 92/24 93/2 94/8 nimble [1] 23/2 no [20] 7/12 7/14 20/19 23/22 27/25 27/25 33/24 42/18 45/8 47/19 50/19 63/3 70/21 72/6 77/4 81/9 82/13 87/13 92/19 93/21 nobody [2] 31/3 36/9 nobody's [1] 35/7 non [2] 8/22 58/5 non-necessary [1] 8/22 non-payer [1] 58/5 not [100] Notary [2] 95/7 95/20 notes [1] 54/2 nothing [2] 45/5 55/24 noticeable [1] 90/3 notification [2] 46/2 75/24 notify [1] 75/25 NOVEMBER [5] 1/19 46/6 89/13 91/19 92/6 November 26 [1] 89/13 now [44] 21/8 21/13 21/21 24/19 25/7 25/20 27/15 32/24 33/15 35/19 40/8 41/6 41/8 46/6 46/13 51/9 52/5 53/15 54/21 56/12 60/3 62/6 63/9 63/10 76/7 76/14 76/17 77/3 77/18 79/6 80/10 81/24 82/4 82/7 82/12 83/16 85/13 85/14 85/23 88/20 89/7 91/5 91/14 92/21 number [5] 17/3 37/21 63/4 75/3 76/19 numbers [3] 20/9 37/17 76/18 nurse [3] 41/2 42/1 42/22	O objective [3] 28/14 35/22 37/4 obtain [1] 69/4 obviously [6] 7/23 10/10 12/1 27/21 39/4 42/15 off [4] 11/24 24/7 34/3 86/21 offer [1] 55/9 offered [2] 10/21 74/21 offers [1] 47/15

<p>O</p> <p>office [10] 58/1 59/7 59/14 61/2 65/10 65/14 65/15 65/19 83/15 95/17</p> <p>offices [8] 56/21 57/5 57/12 57/17 58/3 65/9 66/3 66/18</p> <p>officially [1] 25/6</p> <p>oh [22] 4/14 5/24 5/24 6/24 12/6 12/7 18/19 20/8 20/14 27/19 28/8 31/8 40/10 43/18 43/23 62/13 65/3 77/20 77/24 83/7 90/20 91/25</p> <p>okay [69] 4/1 4/21 6/11 6/16 7/12 7/18 9/25 12/7 13/10 20/22 23/24 25/22 26/1 37/23 38/1 44/1 45/25 47/8 47/25 48/8 48/15 48/17 48/22 50/16 50/18 51/24 52/9 52/25 53/12 55/4 55/8 56/4 56/23 56/24 62/17 62/22 62/25 63/1 64/4 65/3 65/6 67/20 68/1 68/1 68/7 68/16 68/19 72/25 73/6 78/8 83/2 83/7 84/7 85/12 87/1 87/8 87/19 88/5 89/4 89/19 89/24 90/1 90/7 90/22 92/3 93/13 93/17 94/3 94/6</p> <p>onboarding [2] 47/1 47/5</p> <p>once [3] 78/12 82/24 88/25</p> <p>one [48] 10/5 10/5 10/14 18/8 19/4 19/13 19/14 22/24 23/1 23/6 23/22 23/23 24/8 24/24 27/17 27/18 29/5 30/8 32/16 32/20 36/6 51/25 55/21 56/25 57/3 57/10 57/13 64/20 65/8 65/10 65/14 65/16 67/1 69/12 76/16 78/16 78/17 78/21 79/21 81/17 83/24 86/12 86/23 91/20 91/22 92/7 93/12 93/12</p> <p>one's [2] 13/10 13/11</p> <p>ones [6] 6/9 20/6 22/15 78/22 80/15 88/6</p> <p>ongoing [1] 89/2</p> <p>online [1] 71/19</p> <p>only [7] 13/3 17/8 19/25 22/17 26/2 27/1 92/7</p> <p>open [6] 4/17 20/1 23/4 23/6 28/25 70/11</p> <p>operate [1] 52/18</p> <p>operation [3] 31/9 66/14 66/16</p> <p>opportunity [1] 30/12</p> <p>Oppose [1] 7/12</p> <p>Orange [2] 48/18 50/14</p> <p>Organization [2] 2/8 4/25</p> <p>oriented [1] 14/11</p> <p>other [22] 12/12 22/15 27/2 28/20 30/1 30/10 32/6 41/16 53/6 53/11 55/12 55/21 60/18 69/10 70/10 72/10 73/4 73/22 83/22 90/25 91/1 93/21</p> <p>our [22] 6/12 7/21 31/7 41/14 42/6 50/15 53/9 56/22 57/16 57/18 57/21 58/3 62/7 63/8 64/21 69/11 71/5 76/6 81/17 81/21 86/13 94/8</p> <p>ours [2] 24/12 26/20</p> <p>ourselves [2] 4/4 75/4</p> <p>out [46] 4/12 13/2 13/5 17/4 19/12 19/15 19/17 24/25 25/16 27/11 29/16 36/6 36/7 37/18 40/7 43/3 43/12 44/3 44/5 46/3 46/9 46/12 48/5 52/8 60/14 60/17 61/4 61/5 65/5 65/20 65/21 74/11 74/14 74/21 75/14 75/15 77/5 77/7 78/13 78/17 80/16 89/12 89/13 90/12 90/13 91/17</p> <p>outlet [1] 51/20</p> <p>outlined [2] 26/13 42/20</p> <p>over [12] 17/16 17/21 17/23 18/13 18/14 24/21 35/14 60/2 65/25 65/25 71/9 89/23</p> <p>over-the-counter [3] 17/16 17/21 17/23</p> <p>overlaps [1] 53/18</p>	<p>oversight [4] 29/22 31/4 31/5 36/1</p> <p>overwhelming [2] 30/23 38/23</p> <p>own [4] 15/10 37/25 58/12 88/21</p> <p>P</p> <p>page [2] 19/13 19/14</p> <p>pages [4] 22/11 22/16 22/16 22/17</p> <p>paid [6] 26/2 29/9 33/19 37/18 72/10 73/4</p> <p>Pam [5] 5/8 12/3 24/22 34/13 37/15</p> <p>panel [2] 12/6 14/22</p> <p>paper [3] 46/5 46/16 77/5</p> <p>parent [1] 33/6</p> <p>parents [4] 65/9 65/13 65/19 66/22</p> <p>part [15] 24/14 34/11 42/14 51/10 52/7 67/14 68/14 68/15 68/18 72/8 72/10 72/22 73/13 77/2 80/8</p> <p>participant [2] 14/4 89/15</p> <p>participant's [1] 7/24</p> <p>participants [3] 10/1 13/22 41/16</p> <p>participate [2] 28/17 28/19</p> <p>participation [2] 23/20 24/10</p> <p>particular [3] 37/1 63/16 89/9</p> <p>pass [3] 27/10 69/9 69/9</p> <p>passed [1] 26/18</p> <p>Passport [2] 2/14 5/12</p> <p>past [1] 89/7</p> <p>Pat [2] 60/23 66/10</p> <p>patient [1] 18/23</p> <p>pay [8] 34/3 36/10 46/4 53/22 54/5 55/6 56/12 56/13</p> <p>paychecks [1] 43/19</p> <p>payer [1] 58/5</p> <p>paying [4] 30/3 36/8 54/9 55/23</p> <p>PDF [1] 82/1</p> <p>pediatric [1] 80/21</p> <p>people [24] 8/1 9/8 9/22 10/25 13/23 17/3 17/4 18/8 29/19 30/20 31/18 38/18 44/7 44/20 59/3 64/18 66/18 79/5 80/14 82/15 83/4 87/3 92/9 92/9</p> <p>per [1] 4/2</p> <p>percent [11] 26/2 26/16 26/20 27/9 30/3 30/15 34/2 36/9 76/21 78/25 79/4</p> <p>percentage [1] 36/20</p> <p>performance [1] 86/13</p> <p>perhaps [1] 36/1</p> <p>period [1] 49/5</p> <p>person [7] 33/10 42/19 52/21 54/19 61/1 65/17 93/25</p> <p>personal [2] 32/22 32/22</p> <p>personally [1] 29/19</p> <p>personnel [2] 36/12 81/8</p> <p>persons [1] 95/14</p> <p>phase [4] 25/3 80/25 81/1 87/24</p> <p>phases [1] 84/4</p> <p>phasing [1] 84/8</p> <p>phone [3] 31/10 63/4 89/23</p> <p>phones [1] 63/10</p> <p>phonetic [1] 82/11</p> <p>physical [2] 51/8 55/18</p> <p>physician [7] 11/14 11/25 12/21 16/18 18/16 18/20 39/1</p> <p>picture [2] 90/12 90/14</p> <p>piece [2] 44/22 77/5</p> <p>pieces [2] 20/6 60/11</p> <p>piggyback [1] 62/2</p> <p>place [8] 13/25 18/10 24/21 67/7 74/2 85/15 91/15 95/10</p> <p>placed [1] 80/9</p>	<p>plan [4] 11/2 55/15 55/25 74/19</p> <p>plans [2] 50/23 82/13</p> <p>playing [2] 36/4 36/5</p> <p>please [1] 31/24</p> <p>pocket [1] 29/16</p> <p>point [10] 27/11 36/2 39/10 42/17 43/1 59/10 64/3 66/14 70/23 77/1</p> <p>points [1] 63/23</p> <p>policy [1] 8/11</p> <p>population [8] 15/19 28/22 42/10 42/19 42/22 53/9 84/10 84/10</p> <p>populations [3] 88/2 88/4 88/25</p> <p>possible [5] 38/5 38/7 38/8 38/11 38/16</p> <p>posted [4] 19/9 19/21 20/24 21/24</p> <p>posting [1] 20/10</p> <p>potential [1] 74/18</p> <p>potentially [4] 21/10 21/16 23/15 53/10</p> <p>preface [1] 4/14</p> <p>prereview [1] 80/5</p> <p>prescribed [2] 11/13 18/17</p> <p>prescribing [1] 16/18</p> <p>prescription [1] 18/2</p> <p>present [1] 95/14</p> <p>presentation [1] 72/2</p> <p>pretty [4] 4/16 61/25 63/16 76/24</p> <p>prevention [1] 26/7</p> <p>prevents [1] 55/24</p> <p>Prince [2] 2/23 5/17</p> <p>print [1] 6/23</p> <p>probably [3] 76/6 78/24 84/17</p> <p>problem [5] 18/18 29/20 61/18 65/23 70/22</p> <p>problems [3] 9/23 61/1 65/25</p> <p>proceed [1] 89/17</p> <p>process [16] 7/22 28/14 29/21 35/23 40/22 46/10 62/12 63/7 68/22 71/1 75/11 75/23 77/17 78/5 85/20 91/14</p> <p>procurement [2] 48/21 49/1</p> <p>produced [1] 95/12</p> <p>Professional [1] 95/7</p> <p>program [6] 16/23 22/10 24/2 69/3 71/5 71/13</p> <p>promote [1] 50/24</p> <p>proposed [4] 20/11 21/9 26/3 85/15</p> <p>proposing [1] 23/18</p> <p>protected [2] 67/23 74/1</p> <p>protecting [2] 14/4 74/2</p> <p>protection [1] 14/17</p> <p>Protective [10] 66/24 67/15 68/17 70/2 70/5 70/18 70/18 70/19 71/12 73/9</p> <p>provide [3] 29/11 33/1 47/10</p> <p>provided [4] 9/17 43/4 51/23 89/3</p> <p>provider [25] 3/7 4/11 9/19 21/6 23/20 24/10 26/2 26/18 26/19 28/20 30/22 31/13 31/14 34/1 37/18 38/10 39/11 52/13 58/4 60/25 62/4 74/14 74/19 75/7 75/12</p> <p>providers [18] 14/1 17/5 23/21 26/3 27/22 28/16 28/18 30/2 30/10 30/12 30/22 31/25 36/7 41/12 46/23 47/4 65/12 90/2</p> <p>providing [2] 33/12 51/22</p> <p>public [20] 1/13 19/10 20/1 20/13 20/14 20/16 20/24 21/7 21/15 22/2 25/1 25/3 25/11 25/15 28/12 41/19 67/25 70/11 95/7 95/20</p> <p>published [2] 43/13 43/13</p> <p>purchasing [1] 82/6</p> <p>pursuing [1] 45/21</p> <p>put [5] 10/12 26/15 31/12 93/4 93/11</p>
---	---	---

Q qualify [5] 84/13 85/1 88/12 88/14 88/15 quality [1] 86/13 question [14] 49/23 50/2 50/3 56/15 57/7 62/1 64/2 64/5 66/25 73/22 83/24 90/8 90/19 90/21 questions [13] 4/16 31/3 36/17 37/13 60/9 64/17 65/17 69/8 69/22 70/10 71/15 73/8 93/22 Quick [1] 90/19 quite [2] 22/13 70/9	regulation [7] 20/11 22/3 24/17 42/21 77/19 78/4 78/9 regulations [5] 20/25 23/2 23/5 23/17 24/9 regulatory [1] 20/18 reimbursed [3] 34/2 38/6 39/15 reimbursement [3] 24/2 39/2 39/3 related [5] 64/24 71/25 72/7 80/19 90/8 relates [1] 8/2 relay [1] 66/11 remains [1] 91/13 remember [11] 6/17 6/19 7/15 14/14 24/7 40/6 50/6 54/18 58/23 79/17 81/6 reminding [1] 28/11 remove [2] 11/25 18/20 removed [2] 18/9 18/19 repeatedly [3] 11/3 11/11 12/20 report [14] 30/13 30/24 30/25 31/1 31/1 32/5 74/13 74/15 75/1 75/3 75/7 75/22 75/24 81/24 reported [7] 9/1 67/12 67/19 71/11 74/23 75/2 75/5 reporter [2] 6/12 95/7 reporters [1] 75/4 reporting [6] 7/13 7/22 8/18 8/19 62/8 70/17 reports [4] 73/18 74/10 75/9 75/14 represent [2] 4/5 4/7 representative [1] 57/23 representing [2] 5/5 5/18 requesting [1] 76/8 require [1] 90/16 required [1] 46/10 requirement [1] 86/12 requirements [2] 42/20 42/25 requires [1] 86/10 research [3] 12/12 47/21 53/17 reserved [1] 89/1 residential [5] 13/23 53/2 53/3 53/7 62/4 resources [2] 63/21 64/6 respect [1] 75/21 respite [2] 32/24 32/24 responded [1] 26/6 response [10] 25/16 26/5 26/12 26/15 29/12 41/20 44/2 44/19 45/3 47/11 responses [4] 28/24 36/20 37/11 90/5 responsible [3] 14/1 14/1 62/5 rest [1] 24/6 result [2] 22/1 39/5 retraining [3] 59/13 61/7 75/13 revenue [2] 30/3 37/17 review [1] 88/1 reviewed [3] 52/10 83/1 90/11 reviewing [7] 25/5 25/20 78/12 87/23 88/3 89/8 90/6 reviews [2] 79/7 85/5 revised [1] 19/11 revisit [1] 8/11 RFP [2] 49/15 50/11 Rick [3] 2/5 4/4 5/25 rid [2] 39/11 80/11 right [71] 5/23 7/25 10/21 11/21 11/22 12/10 12/18 14/5 15/20 15/25 16/4 18/4 18/6 18/6 21/12 21/21 25/20 27/15 33/16 34/4 34/6 35/4 35/6 35/9 35/12 35/19 39/8 40/8 45/11 45/12 45/14 46/6 46/13 48/22 50/8 50/19 50/20 50/23 51/9 52/5 52/22 53/15 54/22 56/12 56/15 58/20 59/21 60/1 61/12 63/9 63/10 73/2 73/19 76/7 77/18	78/1 79/19 81/24 82/7 82/12 83/16 85/13 85/14 85/18 85/22 85/24 91/14 93/5 93/20 94/11 94/12 rise [1] 8/20 rises [2] 8/8 9/10 road [1] 53/10 room [2] 4/3 19/1 rooted [1] 37/3 round [3] 20/2 24/24 76/7 row [2] 8/7 8/13 RPR [1] 95/19 rule [2] 13/1 26/12 running [2] 25/7 80/10 rural [4] 57/1 65/8 65/14 65/15 Ruth [2] 2/18 5/15
R raise [1] 41/11 rate [18] 28/14 30/11 30/18 32/16 32/20 33/15 33/23 35/2 40/6 40/9 40/13 41/2 41/13 42/13 43/4 43/15 53/4 91/6 rates [6] 26/3 29/14 38/4 40/18 40/19 43/8 rather [1] 71/17 Raymer [2] 2/17 6/5 reading [1] 82/2 real [2] 11/4 17/13 realize [3] 12/17 13/22 30/21 really [28] 8/7 10/25 11/16 11/17 13/17 14/3 14/16 15/5 15/21 18/21 18/23 24/11 29/20 34/22 48/25 53/5 57/24 64/11 64/15 66/8 69/10 81/24 83/17 84/24 85/16 89/9 90/2 92/12 reason [3] 12/16 62/16 89/2 reasons [1] 34/12 receive [3] 74/25 84/16 88/9 received [6] 36/18 36/18 37/13 75/6 81/11 82/9 receiving [2] 63/6 82/15 recently [1] 75/13 recert [4] 82/17 82/19 83/3 83/4 recognition [1] 26/7 recommend [2] 56/11 56/14 recommendation [2] 57/25 82/10 recommendations [2] 81/12 82/9 recommended [2] 52/12 85/19 recommending [1] 56/6 record [2] 10/9 95/14 recorded [1] 19/17 refer [2] 23/8 69/20 reference [2] 17/15 75/3 referred [2] 31/18 67/17 referring [1] 33/2 reflected [2] 30/17 36/19 reflection [2] 9/16 16/16 reflections [1] 29/5 refusal [2] 7/13 9/23 refusals [3] 7/23 8/1 8/22 refuse [7] 7/25 11/21 12/18 12/20 14/6 17/1 17/8 refused [2] 10/21 11/3 refuses [1] 8/6 refusing [4] 11/11 11/18 11/23 14/8 reg [8] 20/19 21/19 22/10 22/14 22/20 23/1 24/15 27/12 regardless [1] 42/22 Registered [1] 95/6 regroup [1] 71/23 regs [13] 21/8 21/12 21/12 21/21 21/24 21/24 22/4 22/7 22/8 22/12 22/14 23/8 24/3 regularly [1] 93/1		S safe [7] 26/16 26/25 27/9 36/16 38/13 38/20 38/22 safety [7] 13/21 14/2 14/17 16/17 73/12 73/14 75/9 said [11] 12/4 27/23 46/1 48/5 59/9 74/24 75/17 80/16 92/1 95/10 95/11 salves [4] 8/2 8/23 11/3 18/3 same [19] 12/15 15/22 22/19 22/20 23/6 24/17 33/10 33/15 33/20 33/23 33/24 42/16 50/3 50/4 58/24 72/4 75/21 93/7 93/10 saved [1] 75/14 saw [2] 6/22 31/22 say [28] 10/5 10/11 11/15 13/10 14/24 15/5 28/9 29/18 36/8 39/14 40/19 41/2 41/24 42/12 48/15 49/5 49/7 54/20 56/5 58/2 58/3 60/23 65/10 70/1 76/4 79/1 91/20 91/22 saying [16] 4/15 16/13 17/7 31/23 34/17 34/20 34/20 34/21 39/11 46/6 53/16 62/7 66/4 68/8 70/21 70/24 says [3] 40/18 52/14 78/7 scene [1] 83/25 schedule [1] 94/8 school [2] 47/16 60/17 schools [1] 53/19 SCL [20] 26/3 29/15 30/2 30/12 30/22 33/3 33/9 33/11 33/17 34/1 41/14 42/23 53/1 53/9 63/13 76/2 85/13 85/16 91/13 91/15 seal [1] 95/17 second [2] 7/8 87/24 Secretary's [1] 83/15 see [26] 13/18 21/23 22/21 23/15 26/4 26/5 33/6 36/19 37/12 42/6 44/7 44/12 47/9 52/6 55/13 62/16 64/18 73/17 73/23 77/12 77/14 79/14 80/12 82/14 86/6 86/7 seeing [2] 51/1 79/6 seem [2] 13/12 76/23 seems [2] 56/17 79/17 seen [1] 79/15 self [1] 56/5 self-advocates [1] 56/5 send [6] 44/2 44/5 46/9 46/16 47/23 65/14 sending [1] 27/14 sense [1] 88/8 sent [3] 41/5 46/3 91/17 September [2] 91/18 92/5 seriously [3] 61/3 74/23 75/10 service [8] 9/17 19/7 52/3 55/25 55/25 56/12 84/23 91/6

<p>S</p> <p>services [39] 1/2 1/3 5/14 22/14 22/21 22/25 23/7 29/9 32/21 33/12 38/25 55/12 55/15 55/21 66/24 67/15 68/14 68/17 69/19 70/2 70/5 70/19 71/5 71/8 71/12 73/9 82/16 84/15 85/2 87/10 88/9 88/13 88/14 88/15 88/22 88/23 90/9 90/10 90/15</p> <p>serving [1] 42/19</p> <p>set [1] 95/16</p> <p>settings [1] 13/23</p> <p>seven [3] 22/15 22/16 70/16</p> <p>several [1] 61/21</p> <p>sexual [2] 68/4 74/4</p> <p>shaking [1] 13/18</p> <p>Shannon [1] 2/15</p> <p>share [3] 37/19 49/2 49/3</p> <p>Sharley [2] 2/6 5/7</p> <p>Sharley's [1] 70/21</p> <p>she [9] 16/6 16/6 31/16 43/22 45/2 49/17 65/12 71/15 71/16</p> <p>She's [1] 46/6</p> <p>Sherri [10] 2/13 4/6 13/18 14/24 50/18 64/12 64/25 66/15 71/14 73/21</p> <p>Shirley [1] 71/14</p> <p>shorter [1] 22/4</p> <p>should [13] 11/17 11/18 18/17 33/19 36/8 39/11 49/10 51/18 51/21 55/11 57/24 82/18 89/22</p> <p>shouldn't [7] 11/11 11/12 18/15 51/19 88/25 89/1 89/21</p> <p>sick [1] 57/11</p> <p>side [2] 12/14 45/2</p> <p>sign [1] 80/17</p> <p>signed [1] 79/2</p> <p>significant [7] 14/12 14/14 22/13 47/2 47/3 53/5 75/11</p> <p>significantly [2] 40/7 86/8</p> <p>silence [6] 48/10 49/16 49/22 49/25 50/3 50/13</p> <p>since [1] 56/8</p> <p>single [1] 13/8</p> <p>SIS [6] 85/13 85/14 85/21 86/2 86/17 87/4</p> <p>SIS-A [2] 85/21 86/17</p> <p>sit [2] 58/7 58/14</p> <p>sitting [1] 17/5</p> <p>situation [2] 39/23 40/3</p> <p>situations [1] 74/5</p> <p>six [2] 92/24 93/2</p> <p>skills [2] 51/7 51/8</p> <p>slots [2] 76/8 76/9</p> <p>slower [1] 91/23</p> <p>small [1] 17/2</p> <p>smart [2] 51/20 51/21</p> <p>Smith [1] 5/8</p> <p>so [182]</p> <p>solution [2] 46/15 82/4</p> <p>some [52] 6/8 6/9 7/24 8/10 9/8 9/22 9/24 12/23 13/1 13/13 13/14 14/8 24/19 24/19 24/20 24/20 26/5 26/7 26/9 29/8 29/10 32/25 42/7 42/8 43/19 45/2 46/2 46/3 46/11 47/23 51/12 53/5 53/20 54/5 55/13 59/13 60/13 62/16 63/10 65/19 65/24 66/2 66/14 69/11 69/12 69/13 70/23 71/10 72/1 81/11 88/19 93/4</p> <p>somebody [20] 9/12 14/10 14/12 15/23 28/3 29/16 33/17 47/10 47/11 52/14 59/16 61/5 62/19 69/18 69/24 80/16 81/25 84/20</p>	<p>88/16 89/14</p> <p>somebody's [2] 61/18 69/15</p> <p>someone [17] 7/3 8/6 13/11 16/9 17/12 40/16 40/17 43/21 47/5 53/22 55/19 58/5 58/13 70/22 72/2 73/14 89/3</p> <p>someone's [1] 11/21</p> <p>something [18] 14/24 15/10 15/14 22/11 22/24 23/9 27/14 49/11 49/12 52/15 54/10 55/20 56/18 58/14 62/9 69/5 71/24 79/23</p> <p>sometimes [3] 9/7 18/24 58/12</p> <p>son [1] 15/3</p> <p>soon [3] 48/24 49/2 49/20</p> <p>sorry [8] 5/24 5/25 43/20 46/16 71/15 90/23 92/2 93/23</p> <p>sort [2] 12/24 13/1</p> <p>sounds [2] 56/16 79/25</p> <p>space [1] 93/4</p> <p>speak [1] 42/9</p> <p>speaks [2] 6/8 85/16</p> <p>specific [7] 24/2 37/21 38/18 38/19 61/1 61/2 73/22</p> <p>specifically [5] 7/25 8/12 8/21 55/23 81/3</p> <p>speech [1] 55/16</p> <p>spelling [1] 2/25</p> <p>spend [2] 45/13 47/4</p> <p>spit [1] 16/2</p> <p>spotty [1] 59/8</p> <p>Staed [2] 2/10 4/22</p> <p>staff [17] 42/1 42/18 42/20 51/6 59/25 60/15 63/8 66/10 68/22 68/23 84/6 87/20 87/25 88/1 89/7 89/16 90/14</p> <p>standing [1] 4/9</p> <p>start [2] 25/11 57/25</p> <p>started [2] 25/5 86/4</p> <p>starting [2] 60/1 80/12</p> <p>state [10] 6/9 21/13 38/16 43/20 43/21 55/14 55/25 95/3 95/8 95/20</p> <p>stated [2] 95/9 95/10</p> <p>statement [2] 14/20 29/24</p> <p>states [5] 12/12 26/17 38/24 53/6 82/10</p> <p>static [1] 77/1</p> <p>status [1] 58/6</p> <p>stay [2] 37/3 85/15</p> <p>staying [1] 76/24</p> <p>stays [1] 18/25</p> <p>Stearman [1] 2/20</p> <p>stenotype [1] 95/12</p> <p>step [3] 81/21 82/5 91/7</p> <p>stepped [1] 81/20</p> <p>Steve [1] 2/15</p> <p>Stevenson [3] 2/19 5/4 7/7</p> <p>sticky [1] 10/19</p> <p>still [24] 11/22 32/5 32/7 42/23 46/14 46/16 50/2 50/4 54/25 55/2 70/9 76/19 76/20 76/20 77/11 77/12 77/16 80/21 84/22 85/8 85/9 90/4 90/5 91/15</p> <p>stories [1] 53/6</p> <p>straight [1] 82/5</p> <p>stream [2] 80/23 81/2</p> <p>STREET [1] 1/14</p> <p>strict [1] 48/25</p> <p>strong [2] 29/6 29/10</p> <p>structure [1] 30/19</p> <p>study [4] 40/6 40/13 42/13 43/15</p> <p>stuff [5] 18/25 47/17 52/11 58/22 68/15</p> <p>submission [1] 70/12</p> <p>submitted [3] 24/23 24/24 46/5</p> <p>submitting [1] 62/5</p>	<p>subsequent [1] 84/16</p> <p>subset [1] 38/18</p> <p>substantially [1] 86/9</p> <p>success [1] 53/6</p> <p>successfully [1] 23/14</p> <p>suggested [1] 7/16</p> <p>support [4] 51/3 63/1 65/16 86/7</p> <p>Supported [5] 72/3 72/7 72/8 72/11 72/23</p> <p>Supportive [2] 73/1 73/3</p> <p>supports [3] 51/6 64/14 91/13</p> <p>supposed [1] 66/19</p> <p>sure [11] 13/6 15/17 16/11 16/17 18/22 24/4 38/19 59/13 73/25 77/7 81/19</p> <p>survey [1] 37/11</p> <p>surveys [1] 28/17</p> <p>symbolic [1] 45/4</p> <p>sympathize [1] 40/1</p> <p>system [3] 41/18 58/16 74/1</p> <p>systems [2] 47/16 60/17</p> <p>T</p> <p>table [1] 17/6</p> <p>TAC [6] 50/10 68/11 71/2 71/18 92/23 92/25</p> <p>TACs [1] 93/1</p> <p>take [24] 10/2 10/3 10/4 11/6 11/6 11/24 12/4 15/2 15/6 15/8 16/7 17/9 17/13 32/24 54/2 61/2 64/22 73/14 74/23 75/8 81/17 86/7 86/20 92/9</p> <p>taken [1] 95/12</p> <p>takes [2] 15/3 77/22</p> <p>taking [1] 36/13</p> <p>talk [13] 28/12 47/17 50/21 60/20 61/5 61/6 66/9 66/9 66/10 70/25 76/1 91/11 93/24</p> <p>talked [6] 30/22 43/18 45/25 81/6 84/9 91/4</p> <p>talking [5] 8/12 14/7 51/4 65/12 72/15</p> <p>Tanya [1] 2/17</p> <p>target [1] 79/9</p> <p>targeted [1] 60/4</p> <p>targeting [1] 20/20</p> <p>tax [15] 26/2 26/18 26/19 31/13 31/14 33/4 34/3 34/11 36/9 37/17 37/18 38/5 39/6 39/12 39/20</p> <p>taxes [1] 39/15</p> <p>teach [1] 58/17</p> <p>team [2] 30/11 83/14</p> <p>TECHNICAL [2] 1/7 74/20</p> <p>technically [1] 72/12</p> <p>technology [11] 50/25 51/2 51/17 52/2 52/24 53/3 54/6 54/13 55/9 55/22 55/23</p> <p>tell [5] 49/10 49/12 49/24 49/25 69/10</p> <p>tells [1] 49/8</p> <p>ten [5] 14/15 51/20 78/13 78/17 79/21</p> <p>ten minutes [1] 14/15</p> <p>term [3] 56/24 64/14 65/16</p> <p>terminated [1] 58/6</p> <p>test [1] 56/14</p> <p>tested [1] 31/19</p> <p>TESTIMONY [1] 95/16</p> <p>testing [1] 56/6</p> <p>than [12] 19/14 22/5 26/19 41/15 50/10 69/8 69/10 70/7 70/8 70/10 71/17 73/22</p> <p>thank [8] 6/13 7/18 14/20 14/23 25/22 62/25 90/7 94/12</p> <p>that [398]</p> <p>that with [1] 74/9</p>
---	---	--

<p>T</p> <p>that's [67] 10/11 10/13 10/14 11/4 12/15 15/10 15/23 16/7 19/15 22/19 22/22 26/25 32/8 34/16 36/8 36/10 37/8 37/8 38/20 38/20 39/5 39/7 39/9 39/10 41/17 42/4 45/11 45/11 48/22 51/25 52/12 52/17 54/6 55/16 55/18 56/22 60/7 64/8 64/21 65/18 65/22 66/1 66/6 66/7 67/10 68/6 68/11 68/15 68/25 69/2 69/5 70/5 70/13 71/8 71/25 72/19 74/6 74/11 76/10 77/22 79/24 82/6 82/22 87/9 89/20 91/7 94/12</p> <p>their [35] 8/3 8/6 14/2 15/2 17/1 17/8 17/10 17/13 26/15 28/4 30/3 36/20 42/22 44/21 51/19 51/21 52/19 54/23 58/12 60/10 60/15 61/8 69/13 70/25 73/13 82/17 82/19 83/3 83/4 86/15 87/16 88/18 88/20 88/21 92/10</p> <p>them [68] 6/20 6/22 6/23 14/3 14/9 14/15 17/9 24/6 24/8 25/9 27/10 27/15 28/10 29/9 30/24 31/18 36/15 36/16 38/11 38/25 41/1 41/5 41/6 47/17 51/22 52/16 52/16 52/18 53/22 54/1 54/2 54/3 54/4 54/7 57/9 57/11 58/17 58/17 59/19 60/3 60/6 60/8 60/9 60/13 61/22 62/14 62/21 63/20 64/11 65/20 65/21 66/5 66/7 68/10 68/20 68/21 69/9 69/9 69/20 73/9 73/15 75/20 76/21 77/3 78/25 83/16 91/17 93/1</p> <p>themselves [2] 19/21 21/1</p> <p>then [32] 9/10 11/17 11/18 13/4 18/17 18/19 21/16 25/10 25/14 25/17 28/25 32/25 36/16 37/10 53/9 57/10 57/16 57/23 58/14 59/9 60/1 65/15 65/20 65/21 68/2 69/23 72/20 74/11 75/3 82/19 83/5 84/8</p> <p>therapist [3] 52/13 55/16 55/18</p> <p>therapy [1] 55/15</p> <p>there [76] 5/10 8/10 9/22 12/18 12/23 17/4 17/4 19/12 19/13 19/14 19/16 19/17 21/15 22/6 22/7 22/12 22/12 22/16 23/12 26/6 29/6 29/9 30/2 30/11 30/14 30/16 43/2 43/21 44/19 44/22 46/2 46/3 46/13 46/21 46/24 49/14 51/13 52/5 52/15 53/5 53/19 54/25 55/2 55/17 58/7 58/14 59/3 60/12 60/19 62/2 67/7 67/24 68/1 70/12 71/10 71/13 74/11 74/12 74/12 74/24 75/1 75/10 75/11 75/16 80/17 80/23 81/2 85/4 85/20 85/21 85/25 87/2 88/25 89/1 90/25 91/1</p> <p>there's [46] 7/23 8/17 9/23 12/16 14/5 14/6 16/20 16/21 16/22 17/2 22/22 22/23 25/8 39/4 42/9 44/22 44/23 46/11 48/25 55/21 55/24 56/10 56/12 57/12 60/3 60/4 62/16 63/21 65/16 67/3 67/23 70/14 71/19 73/20 74/4 74/18 78/18 78/20 78/22 81/14 84/4 90/3 90/20 90/24 92/25 93/21</p> <p>THEREUPON [1] 94/14</p> <p>Theriot [2] 3/8 5/9</p> <p>these [15] 13/22 32/6 33/8 40/25 42/18 42/24 51/15 51/18 65/24 69/22 74/2 74/3 74/5 74/5 74/6</p> <p>they [123]</p> <p>They at [1] 82/17</p> <p>they'd [1] 82/19</p> <p>they're [33] 11/8 11/10 11/18 13/24 14/8 16/25 24/20 25/4 25/20 27/17 28/1 29/15 33/14 36/15 41/6 41/7 41/7 45/9 47/1 53/4 57/18 57/19 57/20 57/21 60/21 63/10 66/19 77/13 78/1 79/8 87/25 89/20 89/21</p> <p>they've [3] 62/18 87/13 87/16</p>	<p>thin [1] 47/7</p> <p>thing [10] 15/22 17/8 17/14 23/6 30/1 34/15 37/9 48/4 48/5 57/3</p> <p>things [16] 8/4 8/5 8/23 13/1 18/5 19/5 22/20 31/25 36/14 42/24 46/4 46/12 51/25 58/13 78/22 91/1</p> <p>think [52] 6/8 6/15 7/3 8/17 10/25 11/4 11/10 12/14 13/8 18/12 18/17 20/20 21/9 22/5 22/15 23/13 26/9 27/23 29/19 30/20 30/25 31/5 34/9 35/20 36/1 36/2 36/10 36/24 37/8 38/2 39/25 40/23 41/18 43/14 46/1 48/4 59/4 61/8 63/5 63/6 64/10 64/10 70/13 76/16 79/13 79/16 81/6 83/19 86/3 92/22 94/2 94/4</p> <p>thinking [2] 48/2 53/13</p> <p>third [2] 86/24 86/25</p> <p>this [71] 4/12 4/14 11/16 12/6 12/8 13/10 13/10 16/21 17/6 17/15 19/1 19/12 20/2 20/10 20/13 20/16 22/9 25/11 26/7 27/21 28/2 28/12 28/21 28/22 28/23 29/1 29/21 36/1 37/1 40/11 40/13 40/19 42/13 43/19 47/2 48/1 48/3 50/19 51/11 51/12 52/6 52/6 52/7 55/12 57/15 57/16 58/18 62/2 63/19 63/20 64/15 64/24 65/1 66/3 68/2 68/11 76/3 77/1 80/17 80/25 80/25 83/8 84/17 88/17 92/22 92/23 92/24 93/2 93/9 93/11 95/17</p> <p>those [36] 6/18 7/1 16/10 16/10 19/5 19/11 19/12 20/19 20/21 20/23 21/25 24/11 24/11 24/14 25/9 33/13 40/18 40/19 41/16 43/5 56/3 61/2 61/6 66/2 71/17 75/12 82/12 85/4 88/4 88/7 88/15 89/8 90/15 91/19 91/20 91/22</p> <p>though [4] 16/21 30/21 68/10 81/2</p> <p>thought [3] 69/25 78/16 81/5</p> <p>three [8] 8/7 8/13 12/24 22/17 76/5 78/13 79/12 85/19</p> <p>through [15] 25/3 25/12 58/16 63/9 67/18 70/13 71/18 77/4 77/12 77/16 79/6 80/8 80/14 82/3 90/5</p> <p>thrown [1] 16/3</p> <p>tic [1] 82/1</p> <p>time [22] 15/7 22/9 25/7 35/13 37/8 43/12 43/19 48/4 60/25 60/25 65/4 69/23 71/23 76/16 78/17 79/8 81/5 81/6 83/17 91/21 91/23 95/10</p> <p>times [5] 8/7 8/13 16/2 59/25 64/15</p> <p>today [7] 4/10 11/9 15/8 51/23 58/19 78/5 89/20</p> <p>TODD [2] 95/6 95/19</p> <p>together [3] 19/25 25/7 73/7</p> <p>told [5] 14/15 25/14 62/14 62/20 63/20</p> <p>ton [3] 38/24 39/4 47/5</p> <p>Tonya [1] 6/5</p> <p>too [17] 13/22 16/5 16/13 35/10 37/12 38/3 40/5 41/11 45/15 50/14 53/1 61/9 64/6 66/14 67/23 77/2 83/20</p> <p>took [1] 62/10</p> <p>tool [6] 81/7 82/6 82/14 83/1 83/6 83/6</p> <p>tools [6] 80/24 81/3 81/4 81/15 81/17 82/8</p> <p>top [2] 24/7 34/5</p> <p>topic [1] 22/18</p> <p>totally [3] 33/19 90/11 90/13</p> <p>towards [5] 17/21 18/1 18/2 38/17 38/18</p> <p>Tracy [2] 2/18 5/15</p> <p>traditional [1] 57/20</p> <p>trained [8] 57/13 57/18 57/19 57/19 57/21 57/22 58/1 60/1</p>	<p>training [23] 13/25 43/4 46/12 51/5 56/2 57/15 60/4 60/6 60/14 60/16 63/9 66/2 66/8 66/24 68/3 68/4 69/14 70/2 70/4 70/8 71/20 74/11 75/13</p> <p>transcription [1] 95/13</p> <p>Traumatic [1] 16/4</p> <p>traveling [2] 65/10 65/14</p> <p>treatment [1] 13/25</p> <p>tree [1] 35/8</p> <p>tried [5] 50/9 93/3 93/6 93/8 93/9</p> <p>trigger [1] 75/20</p> <p>trouble [1] 18/9</p> <p>true [2] 95/9 95/14</p> <p>truly [2] 77/7 78/14</p> <p>try [4] 17/10 50/1 64/16 74/21</p> <p>trying [4] 7/15 36/3 59/12 93/11</p> <p>Tubes [1] 42/9</p> <p>tuition [1] 54/10</p> <p>turnover [1] 59/22</p> <p>two [10] 18/10 22/7 22/7 22/12 22/12 78/18 78/20 79/11 84/4 86/2</p> <p>type [3] 13/13 13/14 53/7</p> <p>typic [1] 24/11</p> <p>typically [1] 62/9</p> <hr/> <p>U</p> <p>uh [17] 16/24 25/23 43/17 53/24 54/8 54/14 59/23 61/11 61/24 65/7 68/13 70/3 74/17 81/13 83/21 86/19 87/5</p> <p>Uh-huh [16] 16/24 25/23 43/17 53/24 54/8 54/14 59/23 61/11 61/24 65/7 68/13 70/3 74/17 81/13 83/21 86/19</p> <p>ultimately [1] 84/5</p> <p>unable [1] 43/22</p> <p>under [4] 43/20 71/7 72/4 76/21</p> <p>understand [13] 14/8 14/19 16/12 17/6 19/24 29/17 34/9 34/11 34/21 41/3 58/18 60/10 70/20</p> <p>understanding [2] 56/14 56/21</p> <p>undertaking [1] 64/9</p> <p>unequal [1] 34/7</p> <p>unfortunately [2] 73/17 89/6</p> <p>unintentionally [2] 43/3 43/12</p> <p>unique [1] 52/16</p> <p>unit [1] 67/2</p> <p>unless [5] 15/7 32/1 76/7 81/25 89/3</p> <p>until [3] 7/6 46/7 86/23</p> <p>up [17] 8/14 15/4 15/9 16/9 19/20 23/4 29/5 32/16 42/7 43/6 43/8 52/4 63/5 76/18 79/2 83/4 91/10</p> <p>Upchurch [1] 42/14</p> <p>update [1] 23/5</p> <p>updated [1] 25/15</p> <p>updating [1] 23/2</p> <p>upfront [1] 84/19</p> <p>upon [1] 44/23</p> <p>upsets [1] 34/22</p> <p>us [15] 23/1 28/16 49/8 49/12 49/24 49/25 61/3 61/9 67/16 67/21 74/15 74/25 75/25 77/19 78/6</p> <p>use [7] 38/24 39/1 46/14 53/8 55/17 55/19 56/3</p> <p>used [6] 24/1 38/19 56/1 56/5 56/6 82/10</p> <p>uses [1] 53/2</p> <p>using [1] 53/6</p> <p>usual [1] 4/2</p>
---	---	---

V validate [1] 81/18 validated [4] 81/4 81/15 82/6 82/8 various [1] 42/11 Vegas [1] 19/2 verbal [1] 89/22 verbatim [1] 7/2 versions [1] 25/15 versus [1] 14/11 Vertrees [3] 2/23 5/16 41/22 Vertrees-Britt [2] 2/23 5/16 very [19] 28/14 28/25 29/10 34/10 35/22 39/22 42/9 50/18 59/20 60/4 61/2 74/23 75/8 75/8 75/10 75/10 76/13 79/10 89/8 vetted [1] 77/7 via [1] 95/12 vice [1] 5/1 viewing [1] 90/15 visually [1] 42/6 vocational [1] 51/7 volume [1] 79/13 vote [1] 7/11	35/14 36/25 53/7 57/14 59/18 59/19 62/6 66/6 70/4 75/4 76/20 78/4 79/4 79/6 80/10 82/4 82/7 82/8 82/11 82/12 83/16 84/8 87/24 94/1 we've [11] 7/20 28/25 57/23 63/20 75/22 76/14 79/14 80/1 80/8 80/14 82/9 web [1] 74/12 webinar [2] 19/17 75/15 website [1] 75/15 week [16] 25/6 25/6 25/12 25/12 25/18 69/12 70/16 92/10 92/18 92/20 92/24 92/24 93/2 93/2 93/12 93/12 weeks [1] 76/5 welcome [2] 4/1 4/15 welfare [3] 14/2 14/17 75/10 well [43] 4/19 6/24 10/3 12/1 12/13 13/10 14/19 14/25 16/20 19/4 19/16 22/6 27/5 29/13 30/1 30/4 32/10 33/2 37/12 38/7 38/22 39/14 39/22 39/25 40/2 45/3 45/6 45/17 50/12 61/13 63/11 68/7 70/1 70/20 73/24 78/3 78/18 79/25 84/4 85/12 86/10 92/13 94/1 well-known [1] 38/22 WellCare [2] 2/9 5/11 went [2] 65/19 80/16 were [27] 8/1 9/12 9/13 12/13 17/20 17/20 18/7 18/8 24/8 26/6 29/9 29/10 43/24 50/18 52/4 53/3 58/24 59/3 59/12 60/24 65/20 66/13 72/15 80/9 80/15 80/18 93/25 weren't [1] 66/15 what [71] 4/12 12/12 14/8 14/15 15/21 16/12 16/18 16/25 17/6 20/4 21/14 21/22 21/23 22/5 22/9 24/1 25/2 26/6 26/14 28/9 29/8 34/20 34/21 34/24 35/19 35/24 36/13 36/20 37/12 37/13 37/13 38/2 38/4 38/20 42/18 42/22 44/17 53/12 55/8 56/4 57/22 60/7 60/11 60/18 66/3 66/4 66/6 67/5 67/14 68/8 68/25 69/14 69/14 69/16 70/5 70/20 70/24 72/18 73/21 74/6 74/22 76/6 76/10 79/5 81/5 84/13 84/15 92/21 92/21 93/3 94/9 what's [5] 24/25 41/21 52/7 73/21 78/13 whatever [1] 25/13 wheel [2] 48/19 50/15 wheelchairs [1] 42/8 when [44] 8/13 8/19 14/9 14/11 17/1 19/6 20/20 20/23 21/23 24/16 26/19 27/23 28/12 28/13 29/7 31/19 31/20 31/25 43/13 43/13 46/9 46/17 46/18 48/12 49/24 49/25 58/24 60/21 62/2 64/16 65/9 65/18 66/19 70/1 72/15 75/6 75/21 79/16 80/9 80/11 83/7 84/11 84/20 88/8 where [22] 10/18 10/18 11/4 12/8 20/7 27/11 31/1 31/12 44/20 46/19 49/5 55/13 56/13 67/13 67/20 67/21 72/19 75/1 82/7 85/20 87/3 88/17 whereas [1] 51/11 WHEREOF [1] 95/16 whether [4] 10/15 18/13 54/24 74/10 which [17] 8/14 22/13 25/1 26/13 26/17 26/20 27/9 32/20 39/3 42/3 70/11 76/8 80/5 83/14 85/2 88/13 94/8 while [2] 14/2 61/9 who [17] 7/15 9/22 10/1 10/9 10/14 12/2 13/4 21/5 31/7 59/5 60/24 60/24 63/17 63/17 67/10 69/16 82/15 who's [4] 13/16 33/11 65/17 90/6 whoever [1] 11/12	whole [5] 4/3 15/19 19/21 36/2 58/16 why [8] 22/22 34/16 41/24 58/18 58/18 66/1 74/22 77/22 will [89] 10/5 11/6 19/6 19/8 19/9 19/12 19/13 19/14 19/17 19/20 19/21 20/10 20/21 20/23 21/7 21/8 22/4 23/10 23/12 23/16 24/15 24/17 25/11 25/14 25/18 26/18 28/9 28/9 28/10 29/11 37/3 37/7 38/17 40/25 40/25 41/4 42/12 45/23 46/10 46/11 46/17 46/19 48/13 49/3 49/14 49/15 52/6 52/10 58/7 60/14 60/19 60/20 60/23 63/4 63/11 66/9 66/9 73/8 73/9 74/19 74/20 74/21 75/19 76/4 76/6 80/24 81/1 82/25 83/9 84/1 84/15 84/21 85/3 85/6 85/8 85/9 85/10 85/14 87/20 87/22 88/6 89/11 89/16 90/4 90/5 90/10 90/15 91/5 91/6 winners [1] 26/8 wish [1] 31/16 within [14] 11/21 25/16 25/18 26/23 54/25 62/3 62/20 62/20 64/21 64/21 74/6 74/8 75/5 86/12 won't [3] 24/18 53/17 85/4 words [1] 27/2 work [9] 11/7 42/13 43/16 44/8 44/11 55/14 68/20 80/23 81/2 worked [1] 60/12 worker [1] 57/13 workers [6] 33/12 56/25 57/4 57/11 57/15 58/15 working [13] 35/10 41/6 45/9 55/16 55/19 59/18 59/19 60/2 60/15 64/18 72/9 80/21 80/24 workplace [1] 67/9 works [4] 72/3 72/16 72/20 73/5 world [1] 42/16 worried [2] 66/13 66/17 worthy [1] 12/2 would [50] 8/14 9/16 11/10 13/9 15/1 15/5 15/6 17/18 18/12 20/12 21/17 26/8 28/24 29/18 29/23 29/23 31/16 32/5 34/21 34/22 34/24 41/24 45/15 50/7 54/1 54/2 54/4 56/8 56/18 56/18 57/2 57/7 57/8 58/2 67/21 69/20 69/24 69/25 70/22 72/4 72/6 73/2 77/8 78/6 78/10 83/1 83/5 88/17 89/2 89/15 wouldn't [6] 15/9 16/6 32/7 39/14 44/11 67/24 write [2] 18/25 51/11 written [6] 21/22 21/25 43/25 44/2 47/11 78/5 wrong [1] 65/22
W wait [7] 22/19 64/14 77/6 77/9 78/11 79/9 80/10 waiting [5] 76/2 76/22 77/12 77/16 80/20 waiver [35] 16/23 19/21 22/24 24/17 26/3 32/13 33/11 36/7 38/25 51/12 54/11 56/22 57/23 60/18 62/4 62/20 63/12 63/24 63/24 65/3 67/18 69/13 69/15 69/16 69/17 72/9 74/8 75/25 79/1 80/25 84/13 84/21 85/1 88/13 91/14 waivers [24] 19/9 21/23 22/21 24/22 25/18 29/8 36/8 51/1 53/11 55/14 57/18 57/21 60/6 60/9 60/10 62/12 65/1 73/12 73/12 74/6 84/1 86/14 89/14 91/2 walk [2] 42/6 58/15 walking [1] 42/7 want [22] 4/14 14/24 16/11 16/15 37/10 39/6 44/11 45/15 47/20 48/19 50/21 52/14 60/5 60/8 60/9 68/2 69/7 73/25 79/1 92/12 92/17 93/24 wanted [2] 36/11 41/10 wanting [4] 44/8 64/18 66/1 67/6 wants [3] 15/11 71/15 89/15 was [63] 10/20 17/15 22/11 27/3 27/3 28/14 28/15 28/15 29/6 29/21 30/12 30/14 30/17 31/7 31/9 32/13 33/2 34/14 35/22 36/1 36/3 36/4 37/18 37/20 40/21 41/18 42/13 43/3 43/11 43/14 43/22 44/19 45/2 46/2 46/3 48/5 50/23 52/2 53/1 58/11 59/16 61/8 61/23 62/9 64/17 65/12 65/12 66/17 67/1 68/25 69/22 72/18 78/10 78/16 79/2 79/16 79/20 81/22 90/25 92/21 94/14 95/11 95/11 wasn't [1] 72/12 way [11] 10/6 12/15 27/18 27/24 28/1 28/6 28/7 35/1 38/19 50/4 80/3 Wayne [2] 2/12 5/18 ways [1] 38/24 we [188] we'd [1] 6/17 we'll [13] 7/2 22/2 25/15 37/9 37/10 40/23 45/3 84/16 84/18 91/11 93/18 93/22 94/7 we're [36] 8/9 13/25 14/6 15/18 15/18 19/2 19/2 20/20 22/20 26/22 35/10 35/14		Y yeah [129] year [13] 70/16 82/24 83/8 84/17 84/18 84/22 85/23 86/24 86/25 90/18 91/16 92/12 93/11 year's [1] 93/9 years [4] 85/19 86/2 86/21 89/7 yes [18] 5/24 10/23 14/4 17/24 23/12 27/13 28/6 32/25 41/10 42/2 56/23 59/6 61/22 64/13 66/25 67/12 83/22 86/5 yet [3] 27/25 48/16 83/18 you [265] you'll [2] 10/2 52/6 you're [30] 12/4 16/12 21/8 24/16 32/22 32/23 32/23 34/20 34/21 37/4 38/2 40/3

<p>Y</p> <p>you're... [18] 42/19 45/18 49/5 55/13 60/1 61/17 65/2 65/13 66/4 66/4 70/6 70/6 77/8 77/24 77/25 78/12 80/12 84/11</p> <p>you've [2] 63/15 79/14</p> <p>you-all [6] 23/18 27/11 28/20 39/7 44/5 69/3</p> <p>your [28] 6/9 10/12 13/18 15/8 29/13 29/13 37/25 41/21 49/22 49/25 50/3 50/12 56/7 56/15 65/17 69/4 69/8 70/6 70/9 73/8 73/10 73/21 84/12 84/14 88/10 88/10 92/11 92/16</p>		
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